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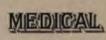
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SECOND ANNUAL REPORT

OF THE

BOARD OF HEALTH

OF THE

PROVINCE OF QUEBEC

FOR THE YEAR ENDING JUNE 30TH, 1896.

(TRANSLATION.)



QUEBEC:

CHARLES-FRANÇOIS LANGLOIS,
PRINTER TO HER MOST EXCELLENT MAJESTY THE QUEEN.
1896.

BOARD OF HEALTH OF THE PROVINCE OF QUEBEC.

Offices: -- 76 St. Gabriel Street, Montre al.



E. Persillier-Lachapelle, M.D., President, Montreal. Elzear Pelletier, M.D., Secretary, Montreal. J. A. Beaudry, M.D., Inspector of Health, Montreal. Wyatt Johnston, M.D., Bacteriologist, Montreal. R. F. Ruttan, M.D., Chemist, Montreal.

L. J. H. Roy, M.D., Recorder of Vital Statistics, Montreal.

MEMBERS:

E. Persillier-Lachapelle, M.D., Montreal.	Term e	xpires ir	Sept.,	1896.
HENRY R. GRAY, Montreal.	"	"	"	"
ROBERT CRAIK, M.D., Montreal.	"	"	Nov.,	1898
ALPHONSE METHOT, M.D., Three-Rivers.	"	"	44	"
J. I. DESROCHES, M.D., Montreal.	"	"	Mar.,	1897
LAURENT CATELLIER, M.D., Quebec.	"	"	"	"

BOARD OF HEALTH OF THE PROVINCE OF QUEBEC

Montreal, July 2nd, 1896.

TO THE HONORABLE M. F. HACKETT,

Secretary of the Province of Quebec.

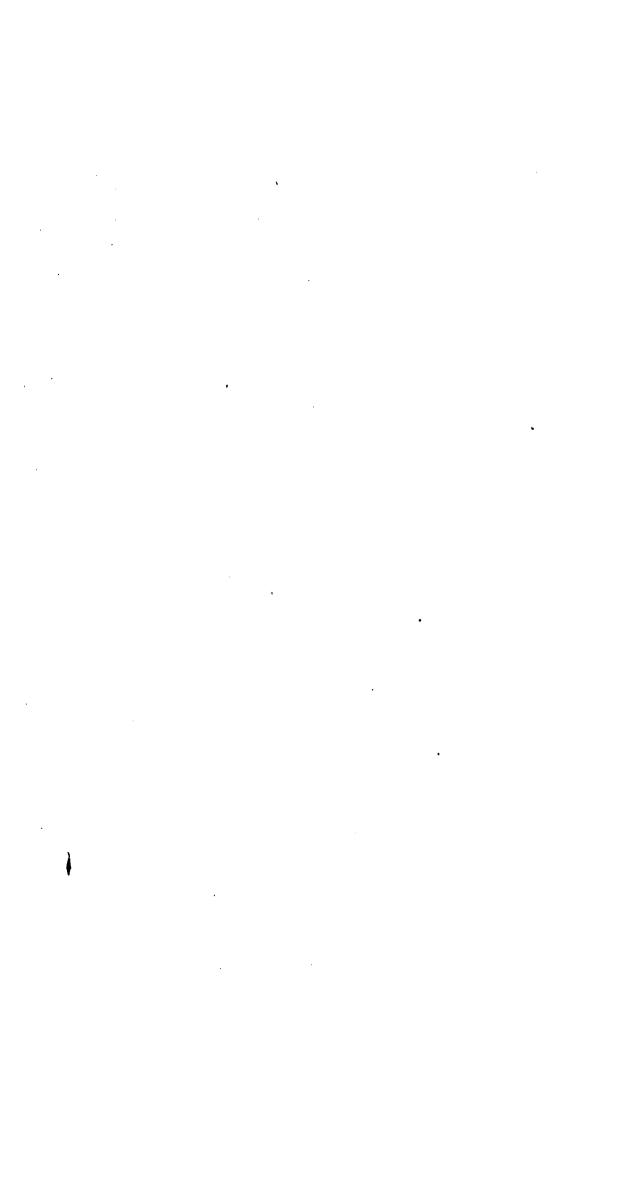
Sir,

I have the honor to transmit to you the Second Annual Report of the Board of Health of the Province of Quebec, for the year 1895-96.

With high consideration, I remain, Sir, yours faithfully,

E. P. LACHAPELLE,

President.



Secretary's Report.

This second annual report is for the year ending on the 30th June, 1896.

COMPOSITION OF THE BOARD.

There has been no change in the composition of the Board, Messrs. Craik and Methot, whose term of office expired on the 7th November 1895, having been re-nominated for a further period of three years.

LEGISLATION AND REGULATIONS.

We obtained from the Legislature a revision of the Law on Interments and disinterments, which has enabled us to modify a great many provisions which were either contrary to hygiene or, at least, insufficient for the protection of public health. (a)

As we publish that law at the end of this volume (Appendix i) we will merely enumerate here some of the improvements it contains over the old law:—

- (a) The Board of Health shall be called upon to decide upon the sanitary fitness of the grounds submitted for the approval of the civil authority (the Lieutenant-Governor in Council) or of the religious authority (the Diocesan Bishop);
- (b) When it is necessary to establish a cemetery, and when the free-holders neglect to fulfill the formalities required by law, the Board of Health of the Province may intervene, and substituting itself to the free-holders, ask the civil or religious authorities, as the case may be, to establish a cemetery on grounds considered suitable from a sanitary point of view;
- (c) Interments in churches will no longer be tolerated in future, unless the diocesan religious authority assumes the responsibility of each of such interments. This provision, while being a great improvement over the old one, does not yet fully meet the legitimate wishes of the Board. We hope, however, that it will at least have the effect of doing away with the great abuses observed in the past;
- (d) Coffins can no longer be deposited on the floor or on trestles in private vaults; all coffins must in future be buried or walled in;
- (e) Infectious bodies shall no longer be brought into the church at funerals, as was frequently done formerly; they must be taken straight from the house to the cemetery.

The modifications in the law have also enabled us to submit to the Lieutenant-Governor in Council several improvements in our regulations respecting the burial of persons who have died of contagious diseases. If, as we have every reason to hope, the Lieutenant-Governor in Council accepts our suggestions, these infectious bodies will be subject to the following provisions:

⁽a) See the Report of 1895 for the description of the unsanitary condition of cemeteries.

The body of every person who has died of small-pox, Asiatic cholera, typhus, diphtheria, croup or scarlet fever, shall be kept isolated, up to the moment of the funeral, in the room occupied by such person during his illness.

The body of every person who has died of small-pox, Asiatic cholera, typhus, diphtheria, croup, scarlet fever or typhoid fever must be disinfected in the following manner: Wrap the body up in a well sewn up sheet, saturated with one of the following solutions: Io bi-chloride of mercury, 2 drachms to one gallon of water; 2° carbolic acid, 4 ounces to one gallon of water; 3° chloride of lime, 6 ounces to one gallon of water. Put two pounds of chloride of lime in the coffin.

No one can attend the funeral or burial of a person who has died of small pox, Asiatic cholera, typhus, diphtheria, croup, scarlet fever or typhoid fever, except the officiating clergyman, the public officer or necessary witness, or unless he be strictly indispensable for the transport or burial of such body, unless the said body has been placed in a coffin of solid metal or lined with metal and hermetically sealed.

Every vehicle which has been used for the conveyance of such body not placed in a coffin of solid metal, or lined with metal, shall be disinfected immediately after having been used, in the following manner:

Ist Method. Remove all cushions, hangings and other accessories, and disinfect them in a steam disinfecting apparatus; then wash the vehicle with a solution of bi-chloride of mercury: 2 drachms to one gallon of water.

and Method. Place the vehicle in a closed place and fumigate it with sulphur.

The body of a person who has died of small-pox, Asiatic cholera, or typhus cannot be removed from one municipality to another without the special permission of the President or Secretary of the Board of Health of the Province of Quebec. If the President or Secretary, as the case may be, finds that such removal may be permitted, he shall prescribe the measures to be adopted before and during such removal.

The body of a person who has died of diphtheria, croup, scarlet fever or typhoid fever cannot be removed from one municipality to another unless the following conditions be complied with:

- (a) The body shall be disinfected as prescribed by Article 27 of the present regulations;
- (b) The body shall be enclosed in a coffin of solid metal hermetically sealed, or in a coffin or solid wooden box lined with metal and hermetically sealed;
- (c) The undertaker, or, in his absence, the person entrusted with such removal shall give an affidavit establishing that the body has been prepared as above prescribed;
- (d) The permission of the Board of Health or secretary-treasurer of the municipality in which the death occurred must be obtained previous to the removal;
 - (e) The body shall not be accompanied by any contaminated clothing.

When death has been caused by small-pox, Asiatic cholera, typhus, diphtheria, croup, scarlet fevertyphoid fever or measles, the head of the house in which such death occurred shall, before the burial, notify the clergyman who is to officiate at the funeral;

The body of a person who has died of small-pox, Asiatic cholera, typhus, diphtheria, croup, scarlet fever or typhoid fever shall be buried within the twenty-four hours following his death, unless the body has been placed in a coffin of solid metal or lined with metal and hermetically sealed;

The body of a person who has died of small-pox, Asiatic cholera, typhus, diphtheria, scarlet fever, measles, typhoid fever or glanders cannot be buried in a church or chapel nor deposited in a public vault.

The body of every person who has died of any of the diseases enumerated above, must be transferred directly from the place of the death to the cemetery.

In the case of the disinterment of the body of any person who has died of Asiatic cholera, typhus, small-pox, diphtheria, scarlet fever, measles, typhoid fever or glanders, the petitioner must show that permission has been granted therefor by the Board of Health of the Province, and the Judge shall allow the disinterment provided the precautions prescribed by the said Board of Health for the protection of public health are followed.

The penalties attached to the infringement of the above provisions vary from five dollars to three hundred dollars.

FUTURE LEGISLATION.

Our law on statistics being, as it were, a sequel to the Law respecting the Registration of acts of civil status, we are interested in having that law made as fully effective as possible, and to that end we would suggest that an important amendment be made to the provisions respecting births. (a)

At present only the births of Catholic children and of male Jewish children are regularly registered. The former are, with very few exceptions, brought to be baptized a few days after their birth, and the male Jewish children are also brought to the rabbi to be circumcized; and thus the registration is effected immediately after the baptism or circumcision. On the other hand, the births of Protestant children or of Jewish female children are registered only in an irregular manner, as, according to the rites of these religions, there is no necessity for bringing them to church or temple within any stated period. Several Protestant ministers have already called our attention to this fact. A clergyman of the Church of England told us that he had registered the birth of a person at the age of 75 years, he having presented himself for baptism only at that age.

The way to remedy this state of affairs would be to enact, under penalty, that the birth of a child be registered with the secretary-treasurer of the municipality within three months from the birth, provided always that such birth had not already been registered by the minister of his religious belief. It is true that Article 5784 of the Revised Statutes tends to make such registration obligatory, but amongst other defects, there is no penalty for its infringement.

LOCAL BOARDS OF HEALTH.

As we have already stated in our report for last year, too many of these local boards of health do not render to their municipalities the services which might be expected of them. In some instances, the municipal councils knowing that, by the Act of 1890, they had been made responsible for the inaction of their boards of health, removed the members of these and constituted themselves into boards of health. We are not prepared to say that they were wrong in so doing, for if a municipal council finds that in order to have a board of health taken from outside such municipal council, it has to appoint persons who are indifferent or less capable than its own members, it is much better for it to take the sanitary affairs of the municipality directly into its own hands.

This does not mean that all local boards of health should disappear. Far from it; we are glad to believe that most of them are helping their municipal councils. But we think that the best of them could be made still more efficient if the mayor and secretary-treasurer of the municipality formed part of them exofficio. As these two officials are more conversant with the responsibility and the penalties to which the municipality is exposed by not doing its duty, they would succeed in getting the board of health to act, and, if necessary, could themselves make up for the indifference of the other members of the board. To explain this more clearly, we think that, as a rule, the composition of the board of health of a rural municipality should be as follows: the

⁽a) The registration law exists in this Province since 1866.

mayor ex-officio, the secretary-treasurer ex-officio, and, perhaps, the road inspector ex-officio, one of the resident physicians of the locality, and finally one or two citizens who take much interest in sanitary matters. The quorum would be two. The secretary-treasurer and road inspector should act as executive officers, and be guided by the physician when professional knowledge is required. If there be no physician in the locality, the services of the one residing nearest to the municipality might be obtained. The municipal council could rely upon this board of health to replace it, in carrying out the health laws and regulations, and in having them obeyed by citizens; moreover, the board would report its operations at each monthly meeting of the municipal council.

We have observed that in several small towns it has been found advantageous to employ the same person as officer of health and chief of police. When questions arise in connection with which medical knowledge is required or, at least, is useful, that officer refers them to the medical adviser of the local board of health. (a)

Several municipal councils before which citizens bring complaints advise them to apply to our board. Thus we are rather frequently requested to intervene in order to put a stop to a manifest infringement of our regulations, such as a badly kept slaughterhouse, latrines in bad order, etc., etc. These are cases where there is no doubt as to the application of our regulations, and under these circumstances we have invariably to remind the municipalities that it is for them to take the necessary measures to have these nuisances suppressed. If we had to intervene in cases so easy of solution as these, it would be just as well for our board to replace the local organizations. It is easy to understand that, as the jurisdiction of the Board extends over 882 municipalities, it is impossible for it to manage the sanitary affairs of every one of them; it would require to have as many officers as there are municipalities. Therefore, except in unusual circumstances where it is necessary to have the opinion of experts, and in cases of more than ordinary difficulty, the local board of health and the municipal council must take Our Board must leave to municipalities the duty of watching and prosecuting individuals, while it watches the 882 municipalities under its jurisdiction, which is already quite enough for it to do. Moreover, Article 3065 of the health law is very explicit on that point: "3065. It is the duty of municipal councils to carry out this act and cause it to be executed, under the direction of the Board of Health (of the Province), as well as all the regulations made under the authority thereof."

CONTAGIOUS DISEASES.

We have had but one case of small-pox during the year 1895-96. It occurred in the municipality of St. Armand East, in the county of Missisquoi. The source of infection seemed to have been a meeting of the patient with a person who had recently come from the United States, and who, before his departure for Canada, had had in his house a case of disease not diagnosticated, and which is supposed to have been small-pox. We have had neither Asiatic cholera nor typhus during the year 1895-96.

As to the other contagious diseases, without having had any great epidemics, we

⁽a) In one of our cities of less than 10,000 inhabitants the officer of health is at the same time chief of police and head of the fire department, which gives him a sufficient salary to allow of his devoting his whole time to the service of the municipal corporation.

have, nevertheless, had a very great many cases in the Province. The table given below, showing the number of cases reported to our office, gives but a faint idea of the number of persons attacked by these diseases; for we regret to be compelled to admit that the notification, although obligatory, is very frequently omitted. (As the declaration of whooping-cough is not obligatory, we omit it from the table given below.)

NOTIFICATION OF THE EXISTENCE OF CONTAGIOUS DISEASES AS MADE TO THE BOARD OF HEALTH OF THE PROVINCE OF QUEBEC, DURING THE 6 LAST MONTHS OF 1895 AND DURING THE 6 FIRST MONTHS OF 18 96.

	DIPHTHERIA		SCARLET FEVER		Typhoid fever		Measles		SMALL-POX	
	Total cases	Municipalities infected	Total cases	Municipalities infected	Total cases	Municipalities infected	Total cases	Municipalities infected	Total cases	Municipalities infected
1895.	!									
July	58	17	53	17	22	I 2	38	6	0	0
·August	60	12	48	13	44	16	11	5	٥	0
September	102	17	29	7	90	28	4	2	0	0
October	160	18	73	16	142	38	12	2	0	0
November	325	36	107	16	175	46	6	2	. 0	0
December	297	44	132	27	160	30	55	1 2	. 0	, O
1896.	i i								i	
January	295	45	140	36	61	28	25	6	1	, 1
February	292	55	104	23	42	22	91	12	0	•
March	208	4!	83	21	44	24	71	12	0	0
April	146	33	66	18	18	13	83	14	0	0
May	172	35	57	19	31	12	76	I 2	•	0
June	179	35	50	15	21	11	170	16	0	· 0
	2294	388	942	228	850	280	642	101	I	1

In all, 4,729 cases of contagious diseases reported to our office.

INSUFFICIENCY OF NOTIFICATION.

These figures, as we have said, are far from stating the whole truth, and this we affirm after perusing the mortuary statistics which the Board tabulates for the Province since 1893.

By making a comparison for the year 1895 between the number of cases of diphtheria, scarlet fever, typhoid fever and measles reported by the municipalities on the one hand, (a) and the number of deaths from these same contagious diseases as supplied us, on the other hand, by the returns sent us by clergymen, we obtain the following result:—

	Diphtheria	Scarlet fever	Typhoid fever	Measles
Number of cases reported in 1895	1856	1001	817	896
Number of deaths in 1895	224 3	687	410	159

The figures for diphtheria given in the above table suffice to show the many omissions to be found in the notification. The number of diphtheria cases reported is not even equal to the number of deaths caused by the very same disease.

Consequently, to determine the number of cases of contagious diseases which have occurred in the Province in 1895, we consider that we obtain a result much closer to the truth by leaving aside the number of cases declared, and basing our calculation rather on the number of deaths supplied us by the mortuary statistics.

Admitting, to allow every latitude, that the number of deaths from diphtheria may amount to 50 per cent. of the persons attacked (†); that in scarlet fever, one patient dies out of eight attacked; that in typhoid fever one patient dies out of 5; finally, that in measles one patient dies out of 10; we obtain the following result for 1895:—

Diphtheria: 2,243 deaths \times 2 = persons attacked: 4,486. Scarlet fever: 687 deaths \times 7 = persons attacked: 4,809. Typhoid fever: 410 deaths \times 4 = persons attacked: 1,640. Measles: 159 deaths \times 9 = persons attacked: 1,431.

In all, 12,366 cases of these four contagious diseases must have occurred in the Province in 1895, and of this number 7,796 cases, or 63 per cent., were not reported to our Board of Health.

It is impossible for the moment to make the same calculation for the first six thouths of 1896, as we have not yet the total number of deaths during that period, but it is more than probable that the notification has not been better made than in the previous year.

Therefore, basing our opinion on the result of the comparison made for 1895, we

⁽a) In the above table we have given only the last 6 months of 1895.

^(†) Without the new treatment by serum.

submit as our conclusion that the official notifications or reports made by the municipalities give us for the last six months of 1895, and for the first six months of 1896, 4,729 cases of contagious diseases; but that if all notifications or reports had been faithfully made, this number would have been 63 per cent. higher, that is to say, 7,708 cases.

This high number of contagious diseases is due to the insufficiency of the sanitary measures taken by the municipalities, and, in some instances, to their complete absence. If a municipality does not notify us, it is quite probable that it has not been notified itself; if it be not notified, it is more than probable that these diseases, escaping from its control, isolation and disinfection are not practised.

Who is responsible for this state of affairs? We have no hesitation in saying that it is the municipalities. Our Board of Health cannot accept, as an excuse, the fact that the physicians and head of families do not notify them as required by law. In fact, if the physicians and families neglect to make such declaration, it is a proof that the municipalities neglect to see to the carrying out of the law, and that is all. Here is a village, for instance, where one or two cases of a contagious disease occur in a family, a person dies, and it is asserted that the rumor of this does not spread through the municipality. We know too well what generally happens to believe in such discretion. Then, if the municipal officers, who hear the rumor as others do, have not been officially notified, it is for them to proceed against those who have combined together to endeavor to conceal the existence of the disease, thereby exposing an entire locality to infection.

We cannot readily conceive how a physician can be a party to any agreement for the purpose of concealing the existence of a contagious disease from the municipal health authorities, and especially that he should do so to retain the practice of a family. He is greatly mistaken if he thinks he renders a service to that family, for, sooner or later, he will find that the family have looked upon such complaisance as an abuse of the great confidence they had in him as their physician, as their adviser in matters of which they are ignorant, or they know but very little.

Here is a striking example of this which has come to our knowledge. belonging to an influential family in one of our cities fell ill of diphtheria. The physician was called in, but did not declare the disease to the health authorities. The child died and had a public funeral, which was attended by a very large number of citizens. Some days afterwards another child took sick. This case also was not declared to the municipal authorities. The child died, but this time the family, and probably the physician, began to be alarmed at the responsibility they incurred, and did not dare to have a The death was announced in the newspapers, with the addition: public funeral. "funeral private." A third child fell ill, and the father then decided to declare this third case to the municipal health authorities, who at once gave instructions to isolate the child, and the disease did not spread any further in the family. Did the physician who attended the family consider that he had rendered them a service by his silence? Evidently not. The isolation of the first child, which the nealth authorities would have ordered, would more probably have prevented the second and third child from taking the disease. Here, therefore, is a physician who contributed towards exposing a whole family, and who cannot truly wash his hands of the death of the second and the sickness of the third child. Is this physician quite worthy of the confidence reposed in him? and however good a physician he may be, are those not already attacked by the disease really safe with him? He wished to be complaisant towards the family, but in the presence of a second death, and of a third case of illness, can the family thank him for his complaisance? And yet the responsibility of that physician has, perhaps, not stopped there. Amongst the persons who attended the funeral of the first child, and who entered the infected house, who knows whether several did not bring the germ of the disease to their own homes or elsewhere?

The sheltering behind professional secrecy for a physician caught flagrante delicto, neglecting to give notice of a contagious disease, is hardly deserving of consideration. In fact, it is not because its honor is at stake that a family ask a physician not to declare a case of diphtheria, for instance, but to avoid what, in its ignorance, it calls the "vexatious acts" of the health authorities (isolation and disinfection), and which we rightly call "assistance and protection." We have yet to find a family who, after there is no longer any question of isolation and disinfection, would object to its being known that they have suffered from diphtheria, etc. It could not be otherwise, even for small-pox, for that disease leaves traces behind which defy the closest secrecy.

In conclusion, we hope that, in future, all physicians, without exception, will see in the notification of contagious diseases and the intervention of the health authorities, not unnecessary vexatious measures, but additional means of assistance to be given to families attacked by contagious diseases. On the other hand, we trust that families will realize that this compulsory notification leads to the adoption of sanitary measures which are necessary, not only for the protection of the neighbors, but also for the protection of the afflicted family itself.

ISOLATION.

On the whole, this sanitary measure is better and better observed, but it would be still more so if, as above stated, families did not consider it a vexatious provision, as often as they do. So long as isolation is practised merely in order to avoid prosecution, isolation will be more or less defective, and will not produce the results expected of it. It would be far different if families would understand that isolation is in their own interest, inasmuch as, when well carried out, it will more than probably confine the disease to the first case, and thereby protect the other members of the family. To place the patient in a separate room is, beyond doubt, an excellent measure; but if the persons of the house, for one reason or another, have access to that room, then the whole house becomes infected, and even those who do not go near the room are thus exposed to be attacked by the disease.

There is but one way to effect the isolation of the patient which offers any security for the other persons living under the same roof, and that is to place the patient in a separate room with the person who is to take charge of him. (a) No one else is admitted into the room. Every thing required to be taken to the patient and nurse, such as food, etc., should be left at the door, which the nurse will open only to

⁽a) Or better still, each in a room, if two rooms, opening into each other, are available.

receive it. Nothing should be taken out of the room without being previously disinfected (remains of the food, crockery, linen, etc). This isolation must be maintained until the patient is cured, and then he should not leave the room until he has been completely washed, and, before going out, has put on clothing which has not, in any way, been exposed to contagion. The room should then be disinfected as soon as possible. The nurse should observe the same precautions on leaving the room when the sickness is over.

As long as the illness lasts, the nurse must not roam about the house, but must, however, be allowed to take a walk in the open air once a day. If there be a gallery on the same story as that on which the patient is isolated, the nurse should take exercise there. If the nurse is compelled, in order to leave the house, to pass through rooms occupied by the remainder of the family, care must be taken to wash the uncovered portions of the body, and to change the clothes worn in attendance on the patient for others specially kept apart in a press or other well closed piece of furniture. (a)

In passing through the rooms occupied by the other members of the family, the nurse must not stop but must go out of the house at once. The nurse must not go into any other house, or hold communication with other persons, leaving the house for exercise only, being in quarantine, and consequently a suspect.

It is impossible to isolate a patient in a private house where there is no separate room in which he can be placed. It is again impossible to secure isolation if there be no one who can take care of the patient and remain isolated with him without having communication with the remainder of the household. These two cases occur only amongst the poor, and yet it very seldom happens that even the dwelling of the poor does not contain two or three rooms, and, consequently, even in houses where isolation is thought impracticable, it still can be effected with a little good-will. In 1891, when a relatively slight epidemic of small-pox broke out in the province, giving us in one of our poor municipalities 61 cases, there was not a single instance in which the inspectors of our Board were unable to effect the isolation of the patient sufficiently to protect the other members of the family.

The other reason, the want of nurses, presents itself more frequently in our large cities. In fact, there are a number of families in which, when the father has gone to his work, the mother is left alone at home with three or four children. She cannot, under the circumstances, shut herself up with the patient; she has to attend to all her children, and also do the household work and cook the meals. It is impossible for a poor family like this to think of a paid nurse.

In presence of these difficulties, what remains for a municipality to do? It is to take charge of the patient, and take him to a hospital or house in which isolation can be effected, and municipalities which have the welfare of their citizens at heart should provide themselves with such a house or hospital. In most country places a house costs from three to four hundred dollars on an average, and such a house could easily be turned into an Isolation Hospital. Moreover, two or three municipalities could unite, for the purpose of having a joint hospital, and the cost of building the latter could be apportioned on the assessments of two or three years.

There are municipalities in which the municipal council and board of health realize the advantage of such an establishment, but where, owing to the prejudices of the popul-

⁽a) In many houses it is possible to give one room to the patient, another to the nurse, and also to place a third at the disposal of the nurse in which to change clothes before going through the house.

ation, the project of municipal premises for isolation purposes has fallen through. This comes from the fact that our people are insufficiently educated; the hospital is dreaded and some families consider it cruel to propose to send their children there.

And yet this reasoning is incomprehensible. Let us take, for instance, one of our large cities which has a well organized isolation hospital. A case of contagious disease occurs in a poor family, who have barely enough to live on, and can with difficulty give the child the kind of food or diet which it requires, who cannot pay the doctor or buy The child is in a small, badly ventilated and often badly heated room. The want of proper isolation exposes the other children to contract the disease. The health authorities make their appearance, and seeing the family's condition they offer to take charge of the child, to give him a wholesome and clean lodging, experienced nurses who will watch him day and night; a physician resides in the building, and is willing to admit the family physician if desired; medicines, however costly, are supplied to the patient. Finally the child is removed from a sphere in which there exists a combination of circumstances unfavorable to his cure, to receive in exchange all the care which a well-organized hospital can give him. How can it be said that it is cruel to let the child benefit by all this? Is it not more just to say that the cruelty is rather in depriving him of it? (a)

In addition to the little patient who would benefit by his being in the hospital, we must not forget that the other members of the family would be protected by this removal of the patient; and even supposing that the sick child were not better treated in the hospital than at home, should not the protection of the other little ones who are not yet attacked be taken into consideration? And if, through mistaken sentiment, a head of a family, instead of confining the disease to a single case, favored the breaking out of the disease amongst the others, by keeping the first patient in the house, would he be above all reproach?

DISINFECTION.

We must insist on the necessity of municipalities controlling the disinfection of houses after every case of contagious disease, in order to make sure that the methods of disinfection followed are really that prescribed by our regulations. It is useless to rely upon even the most willing and best disposed families. One of our leading citizens, while at his country residence, boasted of having effected the best disinfection ever seen in the village, and all he had done was to pass through the rooms carrying on a tray some coals on which he had thrown a few spoonfuls of sulphur! Others again consider they have effected disinfection when all they have done has been to deodorize, by making use of substances having a powerful smell, but which are not at all germicide. In con-

a In his report for the year 1892 (before the treatment with serum was practised), Dr. Catellier, the municipal officer of health of Quebec, states that the mortality among diphtheritic patients treated in the Civic Hospital was 16 %, while amongst those who were treated at home it was 40 %.

In a paper read before the Congress of Denver (1895), Dr. Wingate remarks that during the small pox epidemic at Milwaukee in 1894-95, the death-rate has been 22.50 % among small-pox patients treated in hospitals, when the death rate was 28.25 % among those treated at home.

nection with the control of disinfection, we deem it advisable to reply here to the following question which is often put us: "When a physician is called in to attend a patient, is it necessary for the local board of health to see for itself that the isolation of the patient and the subsequent disinfection are effected?"

Our answer is "yes," for in many cases the attending physician will not pay sufficient attention to it, for the following reasons:

- 1° As the object of the isolation of the patient and the disinfection of the house is not to protect the patient, but those who are in health, and as the patient will not suffer by their omission, the physician may consider that it is not for him to see to them.
- 2° There is nothing in the law which compels the physician to superintend the disinfection, and to see that the methods prescribed by the Board of Health of the Province are followed, and, consequently, as the municipality is responsible for the employment of these methods, it has to see for itself that they are followed.
- 3° In some cases the physician may have prescribed isolation and disinfection, but if he has a large practice, he cannot devote the necessary time to supervising each of the operations of the disinfection, and, in most instances, it will not be done, or will be badly done.
- 4° Isolation sometimes and disinfection very frequently are unpopular with our families, and the physician, not being obliged by law to see to their being carried out, may, to retain the good graces of his clients, not insist upon their being done.
- 5° It must unfortunately be admitted that all physicians are not alive to the importance of these two measures, and, consequently, if the local Board of Health were to interfere only in such cases, it would betray its want of confidence in some members of the medical profession, whence unpleasantness would arise, which the Board could always easily avoid by seeing itself to the isolation and disinfection, no matter who the family physician might be.
- 6° It is not necessary to have any medical knowledge to practise disinfection. Any ordinary employee of a municipal corporation can easily be trained to do it as well as a physician, and perhaps even better, for he will descend to certain important details which the physician would find beneath his dignity.

DRINKING WATER.

The protection of drinking water is one of the matters in connection with which the Board has very frequently been called upon to intervene. In addition to the fact that the health regulations require municipalities to submit all projects for water works to its approval, the municipal authorities also understand the importance of consulting the Board with reference to the value of aqueducts built before these regulations were made. The intervention of the Board does not always, it is true, result in the complete improvement of the sanitary condition of these water-works, but, in most cases, the improvements which have followed have been marked, and have rendered water supplies, not most acceptable, at least tolerable.

On the subject of drinking water, we deem it advisable, in order to complete the awakening of municipalities on the question, to give, in the present report, which will be distributed to them, the chief data of modern hygiene in relation to drinking water. In drafting these we have principally consulted Arnould (a), Stevenson (b), Guinochet (c), Coreil (d).

SOURCES OF THE WATER SUPPLY.

The ocean supplies the water we drink. The evaporation which goes on there produces clouds of vapor, and these clouds afterwards condense in the form of rain, snow and dew. A portion of this rain and snow evaporates, another portion flows along the surface of the soil, forming streams, creeks, rivers, and, finally, a last portion infiltrates through the permeable soil until it meets a layer of more resisting and frequently impermeable soil on which it spreads in an underground sheet. This underground sheet of water frequently reaches the surface of the earth, in consequence of the incline of the impermeable layer, thus forming springs which, in proportion to their abundance, may give rise to lakes, streams or rivers. Underground water, at any depth, is reached by digging wells.

Streams and underground waters flow back to the ocean, and return its waters to it; it is an endless circle.

A.—Sea-water is not drinkable except when purified by artificial distillation, thus imitating that natural evaporation which is constantly going on. The water is then very pure, but this process is seldom employed except on board of ships. We know of only one place in the Province of Quebec which is thus supplied with condensed water, that is the Grosse-Isle Quarantine Station. The apparatus used is that manufactured by Kirkaldy of London.

B.—RAIN-WATER AND SNOW-WATER.—Rain water washes the atmosphere, and therefore contains more or less gases, salts and organic matters according to the atmosphere of the place through which it falls. It may therefore be conceived that rain water, falling in the vicinity of towns and cities, is generally less pure than that which falls in the country. Nevertheless, even in towns, rain water does not contain too great a quantity of foreign matters to prevent its being used for drinking. It is generally gathered from the roofs. Care must be taken to see that the roof is free from birds' excrements, and, moreover, the first water, which has but washed the roof, should be rejected.

Cisterns for collecting rain-water are of two kinds: those built above ground, such as those to be seen in the city of New-Orleans; and those built underground, as in Venice. Care must be taken to keep the latter perfectly tight; they should be made entirely of cemented masonry. The pipe supplying the

⁽a) Nouveaux Eléments d'Hygiène, Paris, 1887.

⁽b) Article "Water" in Treatise of Hygiene and Public Health, London, 1892.

⁽c) Les eaux d'alimentation, Paris, 1894.

⁽d) L'eau potable, Paris, 1896.

house should have its orifice above the bottom of the cistern, so that the deposits that lie there may not be carried into it. They must without fail be cleaned out twice a year at least, and be constantly kept tightly closed to keep out dust, etc. Perfect darkness must be maintained in a cistern, to prevent the growth of algæ. According to Richard, (a) water from cisterns should always be boiled or filtered by means of Chamberland filters before being used.

Snow water collected under the same conditions as rain water differs but little from it. In our climate we should avoid drinking, in the spring, the water obtained from the thawing of snow which has passed the winter on our roofs, and still more so of that which has fallen on the ground in the vicinity of dwellings.

C.—UNDERGROUND WATERS.—I. Springs.—The earth though which rain water or melted snow has passed to reach the underground water acts as a filter, and purifies the water. Therefore, unless this earth naturally contains too strong a proportion of the mineral principles usually found in the soil (magnesia, lime, iron), and which the water dissolves as it passes through, unless also the soil naturally contains vegetable organic matter or is artificially polluted with animal organic matter (excrements, dead bodies, etc.), the underground water, and consequently the springs to which it gives origin, supply the purest water that can be desired. The passing of the underground waters through the permeable layers of the soil completes their filtration.

We must regard as very suspicious springs originating in land containing cess-pools, or privies, or on which sewage is spread. Every privy-pit whose bottom is less than 2 matrix 50 (about 8 feet) from the underground water must be considered as contaminating it (Richard), inasmuch as the layer of earth between the bottom of the pit and the underground water is insufficient to purify the filtrations from it. Even eight feet would be much too little if the soil were gravel.

Springs in Peatty Soil.—Water from peatty soil is not injurious as a rule. The soluble matter contained in the dead wood which gave rise to this peatty substance having been all carried away, the ligneous substance which remains transforms itself into insoluble humus, and the water from it, although colored, is not hurtful, or at least has a bad effect only on strangers until they get used to it.

2. Ordinary Surface Wells.—These give us access to the underground water. If care be taken to protect these wells against surface drainage, their water is the same as spring water. Of course the spot where these wells are dug must be free from every possible pollution by privy-pits, cess-pools, manure heaps, cemeteries, etc. What causes these wells to be condemned, or at least to be regarded with suspicion, is their frequent proximity to the houses and dependencies.

⁽a) Précis d'hygiène appliquée.

The method of constructing a well is a very important matter. The water must flow into it only from the bottom. The infiltrations through the sides of the well are suspicious because they come from the surface drainage around the well. The way to make sure of the water being supplied to the well from the bottom only is to build it of impervious masonry (preferably made with cement), from the bottom of the well, taking care to make it extend about a foot above the level of the surrounding soil. The water which falls around the well can then only get to it through the bottom, and it reaches there filtered by a layer of earth sufficient to purify it. (See Fig. I.)



Fig. I.-Masonry of a well receiving its supply of water through the bottom only.

We would call attention to two causes of the contamination of wells which we have very frequently observed in the Province. Food is hung in them to keep it fresh, such as meat, milk, etc., which frequently undergo decomposition there, or again water is taken out with dirty buckets, sometimes even with buckets used in the stable. The bucket used for getting out water should be reserved for that purpose only, and so that there may be no mistake it should be tied to the well, or, better still, a pump should be used, taking care that the end of the pipe does not touch the bottom of the well and draw up the earthy deposits there.

3. Tube Wells.—The tube well which we show in Figures II and III is very useful when one can rely on an abundance of underground water, whatever may be its depth. As may be seen by the figure, surface drainage need not be feared with those wells. They are superior to the masonry wells, and cost less.



Fig. II.—Tubular well of slight depth; one length of pipe is sufficient.



Fig. III.—Deep tubular well. The pipes are screwed one into the other until they reach the stratum on which the water rests.

4. Artesian Wells.—The first impermeable layer of the soil is pierced to reach a second sheet of underground water. The water of these wells contains but very little organic matter; on the other hand, it sometimes contains too great a proportion of mineral matter to be used for ordinary consumption.

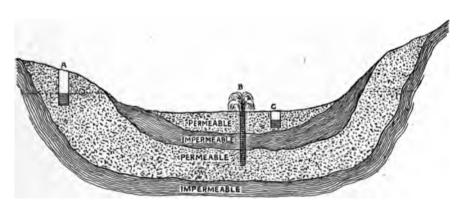


Fig. IV.—Various geological strata reached by wells. A and C, surface wells; B, artesian well. The water retained under pressure beneath the first impermeable stratum, gushes forth through the opening made in this impermeable stratum.

- 5. Galleries.—The galleries constructed to reach underground water are large wells or trenches, generally excavated on the bank of a river towards which the underground water flows. It was formerly thought that the river water filtered into these wells, whence the name of "filtering galleries" which was given them. This was an error, for the water flows to them from the opposite direction:
- D.—STREAMS, CREEKS, RIVERS.—The stream which originates from the issuing of a spring is at first very pure, but along its course it may soon become polluted by the drainage of the soil, by the sewage of a town (excremental matter, waste water from dwellings and factories, street washings, etc.).

The degree of pollution of a river depends upon the quantity of noxious matters which are introduced into it, proportionately to the volume of water it has for diluting them and to the velocity of the current. The distance which it will then have to run to purify itself spontaneously by precipitation, by dilution and by oxydation of the organic matters will depend upon the degree of saturation. Sun-light helps this spontaneous purification of water.

This shows the importance of placing the intake of a water supply above the discharge of a sewer. When it is impossible to do this, analysis is the only way of ascertaining at what point below the sewer's discharge the water has again become fit to drink. Nevertheless, even after satisfactory analysis, it would be better, in such case, to filter the water before allowing it to be used. We will refer further on to the impurities coming from cities' sewerage.

E.—LAKES.—When lakes are reservoirs formed at the very spot where springs issue, their water is very pure, provided always that it has a sufficient outlet to prevent it from becoming stagnant. Mountain lakes, when the surface water draining into them is not fouled, are very safe. Arnould and Richard assimilate a lake to a decantation basin, in which the water purifies itself, and the latter therefore prefer their water to that of rivers. The water of a river would be purer at the spot where it spreads out into a sheet than where it is narrowed between close banks where the current is very rapid.

QUALITIES OF DRINKING WATER.

The qualities which water should possess to be drinkable are summed up by Coreil as follows:

- "Good drinking water should be limpid, inodorous, uncolored, fresh, aerated, pleasant to the taste, imputrescible. It should not contain:
 - " 1. Ammonia or ammoniacal salts;
 - "2. Sulphureted hydrogen or sulphurets;
 - "3. Nitrates or nitrites.
- "It should contain in solution only the smallest possible quantity of salts of lime or magnesia which would harden soap, and prevent the water from boiling vegetables.
- "It should contain the smallest possible quantity of microbes; it should not contain any pathogenic germs nor any eggs or embryos of animals."

IMPURITIES OF WATER.

I. MINERAL SUBSTANCES—We have seen that water dissolves and carries with it the mineral substances contained in the soil through which it passes. The abundance of these substances sometimes makes it mineral water with a medicinal value.

Water containing merely enough mineral substances to cause it to be classified only as hard water is often wrongly considered unwholesome, at least that whose hardness is below 20 degrees (Frankland). (a)

It is doubtful whether goitre can be attributed to the use of hard water.

However, hard water has drawbacks. It cooks food and vegetables badly. When used for ablutions, washing linen, etc., it causes a much greater waste of soap than soft water (a portion of the soap being expended in neutralizing the hardness of the water by dissolving the salts it contains); finally, it causes incrustations in factory boilers.

- II. Toxic metals.—These metals occasionally found in water: such as arsenic, mercury, lead, etc., generally come from the drainage of industrial establishments. Lead may also come from the lead pipes used in distributing water inside houses.
- III. The ORGANIC MATTERS contained in water come from the vegetable kingdom: dead plants and wood; or from the animal kingdom: sewage. These matters being putrescible are very noxious of themselves, and, moreover, they constitute a very favorable field for the development of microbes.

Organic matter of animal origin is more dangerous than organic matter of vegetable origin. (b) Water containing dangerous organic matters is frequently very pleasant to the taste.

Chemical analysis of water determines the quantity of organic matter not yet decomposed and also the quantity of organic matter decomposed. The latter is then in the form of ammonia, nitrites and nitrates. The nitrates are the last product of decomposition, and are harmless. If, therefore, water polluted at a certain point along its course presents, at a point situated below such pollution, nothing but nitrates (the quantity of ammonia and nitrites being no longer any greater than it was before receiving the sewage water), it is a sign that the decomposition of the organic matters has had time to end, and that the products of the decomposition themselves have become transformed into more simple and harmless components,—in other words, that the water has purified itself and has become drinkable.

Organic matters of vegetable origin give birth to but few pitrites or nitrates, as they contain but little nitrogen. Sewage waters always contain chlorides from urine. They do not undergo any change, and are harmless products. Their quantity, revealed by analysis, therefore indicates the degree of contamination of the water by sewage, better than do ammonia and nitrates, which are constantly changing

⁽a) Water whose hardness is due to carbonate of lime or carbonate of magnesia cannot, in any case, do much harm, for its hardness is not permanent (it disappears by boiling). It is the water whose hardness is due to sulphates, nitrates and chlorides of lime and magnesia which is considered hurtful to the digestive organs.

⁽b) Vegetable organic matters are designated by the name carbonaccous, for the carbon element predominates in them, and animal matters are called nitrogenous because nitrogen is the predominant element. It is this predominance of nitrogen which makes them more to be feared than vegetable organic matters, inasmuch as they indicate the pollution of the water by sewage.

(Johnston) (a). The presence of chlorides also serves to show whether the nitrates or nitrites found in the water came from animal organic matter; vegetable organic matters do not produce chlorides. This indication given by chlorides would, however, be worthless under special circumstances, as, for instance, near the sea, where the atmosphere may contain some and the rain may dissolve it. (b)

The algæ growing in water, the green ones at least, do not seem to have any bad effect until, in consequence of their excessive multiplication, they impede each other, die, and thus become decomposing organic matter. While living and in small quantities these algæ would be rather useful than hurtful, inasmuch as they would absorb for their nutrition a portion of the nitrogenous element contained by the organic matters in suspense in the water.

Sulphureted hydrogen found in the water of certain wells, whose surroundings are suspicious, indicate a pollution of these waters by organic matters. These matters come into contact with earthy sulphates, whose presence had up to then occasioned no inconvenience, and sulphureted hydrogen is produced.

IV. BACTERIÆ (microbes).—They form part of the organic matter contained in water. There are microbes even in the purest of waters. A great many are not hurtful; they assist in decreasing the organic matter, but it has not yet been demonstrated that some of them, by the ptomains which they secrete, are not the cause of the accidents produced by water containing them in large quantities. May not epidemic diarrhœa and dyssentery, sometimes accompanied by typhoidal symptoms, be caused by these ptomains? Can there not be a diarrhœa of typhoidal form without any alterations in the Peyer glands? (c) These questions have yet to be solved.

Apart from the microbes (saprophytes) working to decompose organic matter in water, there frequently are others, called pathogenic, which are the causes of specific diseases, such as cholera, typhoid fever, etc. These germs are only accidentally in the water. They exist in water only when introduced by means of the dejections (fæcal matters, urine) of a sick person. Thus, water, charged with a very large quantity of organic matters, and of a very large number of germs, may, by its irritating action on the intestine, predispose that organ to be affected by the germ of typhoid fever or of cholera, but it can never of itself produce the germ of typhoid fever or of cholera; it can but be the vehicle for the conveyance of those germs. Nevertheless, when once they are brought into it, it becomes all the more apt to receive and transport them when it is fouled by organic matters. This means that the running off of sewage into streams is to be dreaded, since such sewage may bring, at the same time, both the germ (dejections of typhoid patients) and organic snimal matters, the element on which it feeds.

⁽a) Article Biological analysis of water. In Reference Handbook of Medical Sciences.

⁽b) This is how the various transformations of organic matter in water are effected: Organic matter consists of four elements: C H O N (C = carbone, H = hydrogen, O = oxygen, N = nitrogen). Under the influence of the bacteria of nitrification, these elements separate, the hydrogen, combining with the nitrogen, forms ammonia, $N H_3$; the ammonia, in the presence of the oxygen of the water, forms nitrous acid $N H O_2$, which, meeting the mineral salts contained in the water, forms nitrates of lime, potash, soda. The nitrous acid meeting more oxygen, from $N H O_2$ which it was, becomes $N H O_3$ (nitric acid), which forms nitrates with bases of lime, potash, soda, etc.

⁽Kenwood-Public Health Laboratory Work, London, 1893).

⁽c) This alteration in the Peyer glands is pathognomonic of typhoid fever, whose germ is known.

Arnould says: "At one time it was thought that a certain parallelism could be established between the number of bacteria found in water and the fouling of the latter by organic matter, but it is now proved that the nutritive substances in water may be enormously reduced without the bacteria ceasing to multiply. Meade Bolton has fully succeeded in making several series of cultures in pure distilled water.

Nevertheless, as a general rule, the richer the water is in microbes, the more organic matters will it contain.

MEANING OF THE PRESENCE OF BACTERIA IN WATER.—Of course the discovery of the bacillus of typhoid fever and of the bacillus of cholera should cause the immediate condemnation of the water containing them. The presence in water of the bacillus coli communis (this bacillus is found in the intestines of a healthy man) is an almost sure indication that the water is contaminated by fæcal matters.

As to the hurtful action of the other bacteria of water, Macé (a) estimates it as follows:

Very good water	contains	from o to	50	bacteria	to every cu	bic centimetre of	water. (b)
Good water	"	50 to	500	"	64	"	"
Poor water	**	500 to	3,000	"	. "	44	"
Bad water	"	3,000 to	10,000	"	"	æ	"
Very bad water	"	10,000 to	100,000	and over	bac. "	"	"

Koch found 38,000,000 bacteria in a cubic centimetre of sewage water. He classifies as good water only that which does not contains over 300 bacteria per cubic centimetre.

MEANING OF ORGANIC AND MINERAL SUBSTANCES FOUND IN WATER, according to Stevenson.—The total weight of solids which, according to E. Parker, should not exceed 35 grains per gallon (or co parts to 100,000 parts of water) seems to him to be rather limited; from 50 to 60 grains per gallon would be a fair amount for him, and the quality of the solid matters should be considered rather than their quantity. (c)

The degree of hardness of the water should not, as a rule, exceed 15° (15° on the English scale is equal to 21°43 of the French scale).

Nitrates should not exceed one grain per gallon. There should be no nitrites-

If the chlorides exceed 1.5 grains per gallon, their origin should be inquired into. If the water also contains much ammonia, especially albuminoid ammonia (that undoubtedly produced by organic matters), there is reason to fear pollution by sewage.

Albuminoid ammonia should not exceed 0.01 grain per gallon.

Free ammonia should not exceed 0.002 grain per gallon, except in the case of artesian wells (where it may have been imprisoned without an opportunity of evaporating). Water heated with permanganate of potash should not cause the permanganate to lose more than 0.2 grain of its oxygen, and at the most, in any case, 0.25 grain.

FILTRATION OF WATER.

Its object is to remove from the water the dead organic matters and the living organic matters (bacteria.)

A. SAND FILTERS.—Filtering through sand is almost universally considered as the best process for the filtering of water on a large scale—municipal filters. The microbes are not entirely destroyed by filtering through sand, but by a well made and well managed filter the quantity removed is from 98 to 99 per cent.

⁽a) Traité pratique de bactériologie.

⁽b) A cubic centimetre is equal to 15 drops.

⁽c) The Pharmaceutical Congress of Brussels (1885) fixed the number of grains to be allowed at 35 per gallon. Organic matter should form but one grain out of the 35.

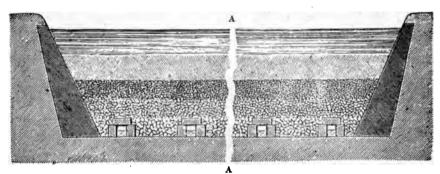


Fig. V.—Filter of the Lambeth Company of London—ordinary type of sand-filters in Europe. (To make the figure smaller, only the two extremities of the filter are represented, as indicated by the break A A.)

Construction.—Sand filters consist of large basins containing a depth of sand varying from 4 to 5 feet, through which the water passes to reach the collecting pipes laid in the bottom of the basin, and which take the water to the reservoir, whence it is distributed. The sand used in making the filter is not of uniform size. In one of the Berlin filters four different sizes are used. The depth of the sand there is four feet,—two feet being of fine sand, then a foot of coarse sand mixed with gravel, then, finally, large pebbles placed immediately above the collecting pipes. According to Guinochet, the velocity with which water should pass through is ten feet a day. This velocity is regulated by opening the outlet cocks more or less, and by maintaining a greater or less depth of water above the sand.



Fig. VI.—Representing two collecting conduits A A of the filter at Lawrence, Mass., and the different distribution of sands size No. 30 and size No. 30 about such conduits.

In the Lawrence filter, built under the direction of the Board of Health of the State of Massachusetts, the sand used is of two sizes. In Figure VI we show the distribution of the sand in relation to the collecting pipes, which distribution secures even pressure throughout all parts of the filter.

Theories respecting the modus operandi of sand filters:-

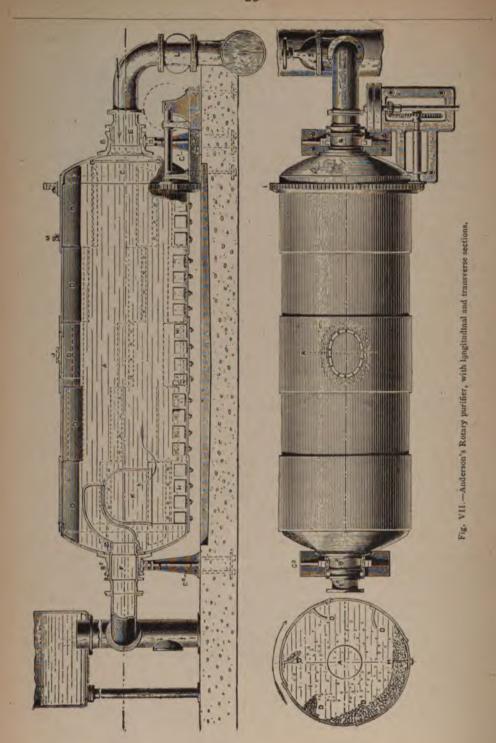
First Theory.—In France, Germany and England, where there are a great many sand filters, the filtering power is attributed not to the sand, but to the layer of mud—organic matters mostly alive: bacteria—which the water deposits in the filter; the sand would be merely a support for this organic layer containing the bacteria. It is therefore a living filter. Under the influence of these bacteria the decomposition of the organic matters contained in the water continues (the water is generally about six hours in contact with the bacterial layer), and a great many of the bacteria themselves are destroyed by oxydation. The supporters of this theory therefore attach a great importance to there being no solution of continuity, no break, in the bacterial membrane, and only the water which has passed through the filter, after this membrane has been formed, is supplied to consumers. We will see further on how this is done.

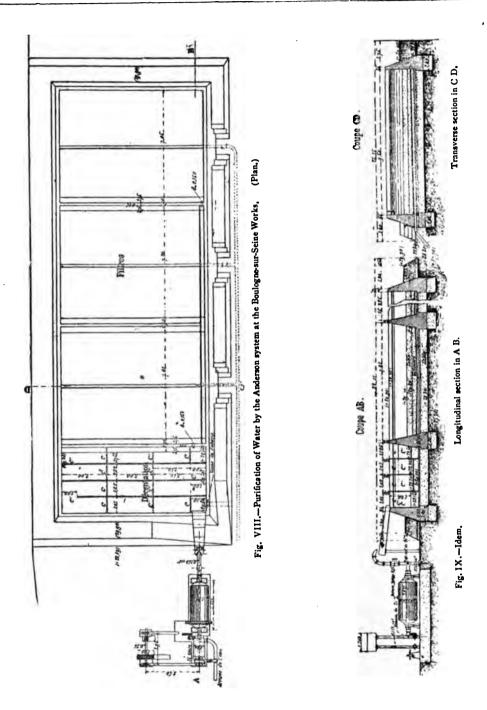
Second Theory.—The author of this theory is the Experimental Station of the Board of Health of Massachusetts. Here they do not attach the same importance to the layer of mud deposited by the water on the surface of the sand. The chief object is to store as much air as possible between the grains of sand throughout the depth of the filter, in order to promote within the filter the oxydation of the organic matters, which oxydation is fostered by the bacteria accompanying the organic matter in its passage through the filter, and also by those naturally contained in the sand. In order to obtain this oxygenation of the sand, the filter is worked intermittently; it works only about 16 hours out of the 24, and, when the water recedes, it is replaced by air. The decrease of the bacteria would be explained by the destruction of the organic matters, as the bacteria cannot survive the destruction of these matters which constituted their food. It has been calculated that the Lawrence filter reduces the number of bacteria to 150 per cubic centimetre from 9,000, the number contained previous to the filtering.

The method of caring for a filter varies greatly according to which of these theories is adopted. For those who adopt the first theory, the filter requires the greatest attention. Guinochet thus describes the process of putting the filter in operation.

In the first place, water from the reservoir of pure water (filtered water) is allowed to enter it from below; this is done slowly, until it slightly exceeds the upper layer of fine sand, and expels the air contained in the fresh sand. The pipe containing pure water is then shut, and the water to be filtered is introduced, this time at the surface of the filter, until it attains the height of a metre above such surface. Everything remains in this condition for twenty-four hours at least, in order that the matters contained in the water may deposit themselves on the surface of the sand in the form of a thin membrane with very fine pores. Then communication with the reservoir of pure water is gradually opened, and at the same time the water to be filtered is allowed to flow slowly into the filter. This is done very slowly, in order not to tear the thin membrane on the surface, which is the essential part of the filter. As the filter works, this membrane becomes thicker and thicker, by means of the fresh materials brought to it; it is therefore necessary to open the supply and discharge cocks wider and wider, and consequently to raise the height of the water above the fine sand; the only rule to be observed is to maintain a uniform rate of 125 millimetres an hour, for the flow of filtered water. In a recent work R. Koch even recommends that the rate of 100 millimetres be not exceeded. If the presure be too sharply increased, or even without a shock, when, after some time, it is necessary to have too great a depth of water in order to maintain the rate of even 100 millimetres, the filtering membrane tears, and then the filtered water is contaminated. It then becomes necessary to clean the filter. For that purpose, the water it contains is run off by a special pipe, the brownish sand membrane covering the surface is removed with a shovel, together with two or three centimetres of the fine sand, and the operations of the filter are resumed with the same precautions as on the first occasion. One-half, and even two thirds, of the layer of fine sand may be removed by successive cleanings, without it being necessary to renew it completely. The sand that has been fouled is washed by means of drums, on the Pieske system, and is used over again.

Filters operated according to the theory of the Experimental Station of the State of Massachusetts are easier of maintenance. As no importance is attached to having a homogeneous layer of mud without fissures, the scraping of the entire surface of the filter is not done all at the same time. This is done in sections, and in such a manner as to allow two months to elapse before the same section is scraped again. The six hours every day, during which the filter is not in operation, suffice for these successive scrapings.





B. OTHER PROCESSES FOR CENTRAL PURIFICATION OF WATER.—Some hydrologists, who are in favor of the first theory—filtration effected by the bacteriological layer deposited on the surface of the sand—fear that, in inexperienced hands, these filters would not be as well cared for as they should be, and consequently a bacterial membrane without fissures would be seldom obtained, this being an essential condition of its efficacity, and they favor the replacing of this bacterial layer by a mineral one. Amongst the filters of this kind there are: the Anderson filter, in which the mineral substance used is iron; and the mechanical filter, in which alum is used.

The Anderson apparatus (represented in Figures VII, VIII, and IX) is, in Guinochet's opinion, the most effective.

In the cylinder, as the iron comes into contact with the oxygen of the water, ferrous salts are formed. As they leave the cylinder by the disposal of the aerating basin in the form of a cascade, the soluble ferrous salts become insoluble ferric salts, sesquioxyde of iron in a gelatinous state, which acts as an oxidizer of the organic matter, dead or living (bacteria), and also mechanically by carrying away, by agglutination, the suspended matters. It is this gelatinous sesqui-oxide of iron and the organic matters it has agglutinated which, in passing from the decantation basin into the sand filter, form on the surface of the sand the filtering membrane which the sand merely supports. Therefore in the Anderson Process the filtering material is a layer composed of iron sesquioxide mixed with insoluble dead matter which it has coagulated, the microbes having been previously destroyed—most of them at least.

In the Anderson process the proportion of microbes, immediately after issuing from the filter, would have been reduced to 4 to 6 microbes per cubic centimetre of water.

The MECHANICAL FILTER (Figure X and XI) may be classified amongst those for which the advantage is claimed, of replacing the filtering bacterial layer by a membrane mostly mineral in composition.

In the mechanical filter, alum (sulphate of aluminia) is employed in proportions seldom exceeding half a grain to a gallon of water. In these filters the alum produces the same agglutination as the iron in the Anderson process. From experiments made at Providence, R.I., it seems that from 92 to 99 per cent. and even more of the bacteria are eliminated by mechanical filtering with alum. (a)

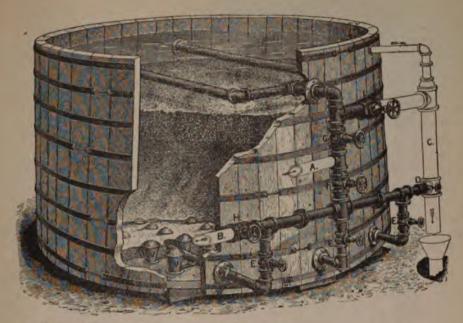
STERILIZATION OF WATER BY MEANS OF OZONIZED AIR.—Chantemesse (b) calls attention to the germicidal power of ozone and to the practical value of that process for the purifying of water. "Dried and cooled air is, under the influence of obscure electric discharges, charged with a quantity of ozone in proportion to the ratio of organic matters in the water to be sterilized."

C. Domestic filters.—The Chamberland-Pasteur, the Berkefeld and the Mallié filters are the only ones to which it seems necessary to devote our attention.

The Chamberland-Pasteur filter consists essentially of an unglazed porcelain candle (bougie), through which the water passes and is purified. The Berkefeld filter is of the same shape, but the candle is of infusorial earth; this earth is very brittle. Finally, in

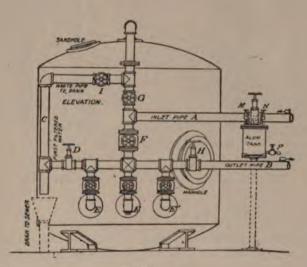
⁽a) Hazen "La Technologie Sanitaire", Bruxelles, 1896.

⁽b) Chantemesse—Article "Le Sol, l'Eau et l'Air agents de transmission des maladies infectieuses" (Soil, air and water as agents in the transmission of infectious diseases), 2nd Vol. of the "Traité de pathologie générale," published by Ch. Bouchard.



(N. Y. Filter Co.)

Fig. X.



(N. Y. Filter Co.)

Fig. XI.

Fig. X.-Mechanical filter (wooden sides). A, Inlet pipe. B, outlet pipe for filtered water. V V, orifices of collecting pipes E E E.

Fig. X1.-Same filter (iron sides). This shows the Alum tank connected at M and N. with the Inlet pipe,

the Mallie filter we have the same shape, the filtering candle is made of abestos which, by baking, has become a porous porcelain. The pores of the asbestos porcelain are smaller than those of the clay porcelain in the Chamberland-Pasteur filter.

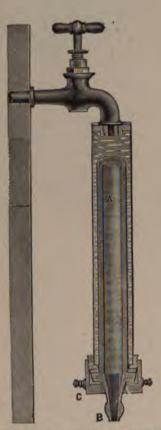


Fig. XII.—Chamberland-Pasteur filter under pressure.

The Water surrounding the candle penetrates its interior A, and issues purified at the lower extremity B.

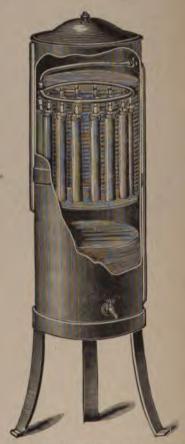


Fig. XIII,—Chamberland - Pasteur filter. Household filter without pressure. In the upper compartment the candles connected with an abduction pipe are surrounded by the water to be filtered. The tube carries the filtered water into the lower compartment or reservoir.

These filters are all deserving of recommendation, but we cannot say to what extent they are equally so, for each of them has its partizans amongst sanitarians. However, the fact that the Chamberland-Pasteur filter is one used in preference in the service of a laboratory is a great point in its favor.

Whichever of these three filters be used, it must, be cleaned regularly if we wish to have sterile water, otherwise bacteria will be found in the water, either because they manage to get through (which all do not admit), or because the bacteria in the slime adhering to the surface of the porcelain may prolify through the porcelain, and thus reach the filtered water.

The candle can be cleaned with a brush (a) under running water, then it is sterilized by being plunged into boiling water, where it is allowed to remain 3 or 4 minutes. It may also be sterilized by holding it in the flame of a gas-jet or of a spirit-lamp. But if the candle has not been carefully dried this may expose it to be broken. If there are any incrustations on the surface of the porcelain, the candle is plunged in chlorydric acid. For sterilizing the candle, Gulnochet recommends washing in a solution of permanganate of potash of I-1000th. The filter should be brushed every day and be sterilized once a week.

OTHER DOMESTIC FILTERS.—It is necessary to be careful in purchasing most of the filters sold in trade. In most instances the water is more impure when it comes out than when it was put in. Filters containing animal charcoal as the filtering substance must be regarded with suspicion; the charcoal which filters very well at first "soon becomes impregnated with the organic matters contained in the water, and then becomes a good field for the culture of microbes which multiply more and more, and, filling up the whole depth of the charcoal, reach the filtered water." (Guinochet.)

Woodhead and Cartwright Wood after testing twenty-one filters of different make for sale in London have found that only three justified the claims of the makers, that of sterilizing water. These filters are the Chamberland-Pasteur filter, the Mallié filter and the Berkefeld filter, the latter not as well as the two others. No bacteria had passed through the Chamberland-Pasteur and the Mallié filters during the four days the test was maintained, while they passed through the Berkefeld filter after the second day. (b)

Practical conclusions in connection with the filtration of water.—With a Chamber-land-Pasteur filter (and very probably also with the Mallié filter), if the filter is carefully looked after, we have water absolutely free from microbes. Therefore it is better to have one of these filters at home even when the water supplied to the town is filtered. As the central (municipal) filtration does not completely sterilize the water, the domestic filter completes the operation, and, moreover, removes the danger arising from any accidental deficiency in the municipal filtering apparatus.

DISTRIBUTION OF THE WATER.

The daily quantity required for each inhabitant is 25 gallons when there are no industrial establishments in the municipality; 50 gallons when there are industrial establishments, a fire protection service, and when the streets are watered, etc. In America it is usual to provide a supply of 75 gallons.

⁽a) Filters are sold which are provided with a mechanical brush, which does away with the necessity of taking the candles out.

⁽b) The British Medical Journal, Nov. and Dec. 1894.

The daily consumption of 50 gallons per head is calculated as follows: (Stevenson)

Household consump- tion	For drinking and cooking For ablutions and one bath a week	6 I		
Other pur- poses	(Fire protection, watering streets, industrial establishments, public fountains, etc	}	25 —	
	Ø . ↓ 1			

Total 50 gallons

Water distribution is constant or intermittent. Constant distribution is far preferable, becauses it renders the putting up of tanks in houses unnecessary; these tanks are frequently badly kept, the water gets foul in them, and the metal of which they are made (lead or zinc) may dissolve in them.

Conduits are sometimes made of wood, and they last about ten years. Cast iron pipes are preferable, because soldered joints can be made which are as impermeable as the body of the pipe. It is better to have the inside of the pipe coated with a mixture of tar and linseed oil, to prevent the formation of rust (oxyde of iron) in the pipe, thereby lessening its diameter.

Pipes inside houses are generally of lead. As lead has the drawback of dissolving to a slight extent in water, steps have been taken to replace them. (a)

Arnould appreciates the value of the different kinds of pipes proposed, as follows:

Wrought iron pipes in eroding give a taste of ink to the water.

Tipped iron pipes soon lose their tip coating, and then the oxyder.

Tinned iron pipes soon lose their tin coating, and then the oxydation of the iron in these spots is still greater.

Galvanized iron pipes are attacked by certain kinds of water.

Lead pipes, when tinned or varnished, give only an illusory safety, for the coating cracks.

Lead pipes lined with tin are the best. (Lead pipes lined with tin must not be confused with the tinned lead pipes above mentioned.)

CERTAIN SERIOUS DEFECTS observed in the laying of conduits and pipes in our municipalities:

Conduits bringing the water to the town or reservoir are frequently laid in ditches, and the water in the ditches may introduce itself into the pipes through the joints and pores of the wood. They should be laid in the middle of the road.

The tank supplying the water closet of a house is not always a separate one from that supplying the drinking water, as it should be.

The overflow pipe of the tank containing drinking water should not be connected with a drain by soldering it, but by simply placing the free end of the pipe so as to discharge in the open air—for instance, above the sink.

⁽a) Water containing much carbonic acid has the effect of dissolving the lead of the pipes; this action of carbonic acid may be neutralized by adding a little lime to the water. Peat water also dissolves the lead of the pipes.

DRAINAGE OF MUNICIPALITIES.

In our report for 1895, in calling attention to the danger of allowing waste waters to run off into water courses, we said:

"Two methods of treating sewage can protect water courses from pollution; these are: 1st, Decomposition by chemicals; and 2nd, purification by filtration through the soil or irrigation.....

"Irrigation is the most recommendable method we know of.......

"So far there has been only one reason which has prevented the Board from pressing the adoption of this method by municipaltties which submit their plans of drainage to it. This is that it has not yet been proved that this method can be employed during the severe cold months of our winters. While believing that it might succeed equally well in our climate, the Board has not as yet, however, any sufficient demonstration to allow of its assuming the responsibility of imposing it. It is therefore necessary to still tolerate, although with reluctance, the running off of these waste waters into the rivers which it would nevertheless be in the public interest to forbid.

"The way to decide this question would be to make one or two experiments of the method in the Province, under the immediate direction of the Board of Health of the Province. Several large institutions in the country and even several municipalities would, we are convinced, willingly consent to such a trial if we could guarantee them their expenses in case of failure.

"Under the circumstances, the Board is of opinion that it would be in the interest of hygiene and in the interest of the whole Province to give this guarantee, in order that a practical test may be made of that method. This is a question which we respectfully submit for the consideration of the Government."

This year again, on several occasions, when we had to pronounce on these projects of running off waste waters into water-courses, we have regretted that no definite decision had yet been come to as to the possibility of purification by means of filtration through the soil during our winter season which is always so severe. The making of this experiment is one of the most pressing needs of the Board at this moment, and we think that it would be in the public interest to have it made without further delay.

Apart from the sanitary side of the question, we must not forget that there is also the agricultural side, and, therefore, that if irrigation could succeed in winter, not only would the sanitation of our municipalities be improved, but agriculture would save a fertilizer, from which a benefit is derived in many countries.

We have asked ourselves whether it would not be possible to get, not only the Department of Agriculture of the Provincial Government, but also the Department of Agriculture of the Federal Government, to take an interest in the solution of this question, and to come to an understanding so as to have an experiment made jointly by both Governments, under the supervision of the officers of the Board of Health of the Province of Quebec and of the officers of the Dominion Experimental Station.

PROSECUTIONS.

Two prosecutions were instituted by the Board during the year: one, against the municipality of Ste Ursule, for refusing to disinter bodies temporarily buried in grounds

which could not become a permanent cemetery, and another against the city of Montreal for neglecting to repair drains in its City Hall.

The Board was unsuccessful in the case against Ste Ursule; although the judge did not express any doubt as to the sanitary merits of the question, the law on which the prosecution was based did not seem to him to apply sufficiently under the circumstances. In the opinion of the court, the prosecution should have been taken against the *Fabrique*, even if, as in the case in question, it was the municipality which had ordered these temporary interments, as the ground in which the bodies had been buried had formerly been purchased with the intention of making it a cemetery later on.

The Board is, however, happy to state that the same *ennui* will not occur again, as the amendments made to the law of interments during last session will, in future, as far we can see, obviate the necessity of having recourse to the same procedure.

We were more successful against the city of Montreal. To our reiterated demands that the defective drainage of the City Hall be remedied, the Municipal Council merely replied by referring the matter to various municipal committees, which never came to a practical decision. A prosecution was instituted, and, in the course of the proceedings, it was proved that the drains of the City Hall were in a condition condemned by the by laws of the city itself. Judgment was suspended for several months, to allow the city to manifest its good will by commencing the work, and finally judgment was rendered against it for \$500.00, the judge taking into consideration, in not condemning it to the full amount of the accumulated fines, some \$1,800,* the fact that a portion of the amount required to repair the drains had just been voted by the City Council.

HEALTH CONVENTIONS.

The Board of Health sent representatives to the Congress of the "American Public Health Association," held at Denver in October, 1895. The report of the delegates of the Board on this interesting Congress, which was attended, as usual, by the sanitarians of the whole of North America, is given as annex G to this report.

The Board was also represented at the "Conference of State and Provincial Boards of Health," held at Chicago in June, 1896. We publish at the end of the volume (see annex H) the report submitted to the Board on this conference, which, like the previous ones, has been so useful to the officers of the Boards of Health.

We regret that we have not yet been able to organize the Provincial Health Conventions, of which we spoke in our last report, similar to those which have been so successful in Ontario and in some of the States of the American Union. It is true that in this Province, in the inspections which the Board causes to be made throughout the Province, and by means of which an average of 40 municipalities are visited yearly, we have an excellent means of keeping in direct contact with the local health authorities, and suggest to them the means of improving their sanitary conditions; but, neverthe-

^{*} Every municipality which does not comply with an order given by the Board of Health of the Province becomes liable to a fine of \$25.00 for every day that it neglects to do so.

less, these visits may perhaps not have the effect of stimulating the health officers of our municipalities as would participation in a conference, bringing together the health officers of our towns and villages, and showing some of them the progress which is being made by their neighbors, while they remain inactive. These conferences would serve as competitions between the various municipalities, and emulation would result therefrom, which could not but increase the good results generally obtained from the inspections which are now made by order of the Board.

STATISTICS.

As the Recorder of Statistics observes, we have to regret that some of the persons in charge of registers do not report regularly, and even that a few of them persistently refuse to send any. We have reason, however, to hope that these few refractory persons will understand that if no penalty is attached to the infringement of the Law respecting statistics, it is not due to there being no importance in complying with it, but rather because, at the request of their superiors, we have consented to consider such penalty as superfluous, in view of the assurance given by said superiors that they had but to ask for these reports to have the persons in charge of the registers send them to us regularly.

We have often been asked whether it would not be possible for us to accept reports made by canonical parishes and not by civil municipalities, as this would greatly facilitate the task of those who are in charge of registers, especially as regards reports of births and marriages. We have always regretted that we could not comply with this request, but we think that it will readily be admitted that it is impossible for us to do so, for the following reasons:

- (a) The calculations of the birth, marriage and death rates which we make must, of necessity, be based on the only official census which exists,—that made by the Federal Government—which gives the population by civil municipalities and not by canonical parishes;
- (b) One of the objects of the statistics which we compile is that they may be of use to the municipalities and to their boards of health. We owe it to them to keep them informed as to their death-rate, and thus enable them to remedy the causes of death which can be remedied. Now, statistics compiled according to the canonical divisions would be of no use to them, and this will readily be understood by remembering that the territory of a parish sometimes covers several municipalities. To give a striking example of this, we may mention the canonical parish of St. Benoit Labre, in the county of Beauce, which consists: 1°, of a portion of the municipality of St. Victor de Tring; 2°, of a portion of the municipality of St. Francis; 3°, of a portion of the municipality of St. George; and 4°, of a portion of the municipality of the township of Shenley. Finally, as divisions for parish purposes are not the same for all religions, if we do not follow the civil divisions, in addition to the fact that we would not have the official number of the population (the number given by the census) as a basis for our culculations, it would be necessary, after compiling the statistics for Catholics, for instance, to compile those for Protestants, and for the other creeds, which, as everyone knows, are very numerous,

and with whom the parish divisions have not always very clearly defined boundaries. Therefore, by following the municipal boundaries for our calculations of statistics, we greatly simplify the work of our statistical department, and, moreover, obtain a much more accurate result.

In speaking of desirable future legislation (page 7), we called attention to the means of obtaining a regular registration of births.

We give in a special table (Annex F) the number of deaths in each municipality for the years 1893, 1894 and 1895. We specially call the attention of the municipal councils and of their boards of health to it.

ELZÉAR PELLETIER, Secretary.

MONTREAL, 2nd July, 1896.

STATEMENT OF EXPENSES FOR THE YEAR 1895-96.

(SUMMARY OF VOUCHERS SENT TO THE HONORABLE PROVINCIAL SECRETARY.)

Indemnities and Salaries:

(President Come Constant Come Increase Constant Come	
(President \$400; Secretary \$2,000; Inspector \$1200; Statistician \$800; Bacteriologist \$300; Chemist \$300; Typewriter \$380; Mes-	
senger and Assistant in Laboratory \$419.25)	\$5799.25
Printing	803.23
Denver Congress, and New-York Convention. Memberships and travelling	33
expenses of delegates	536.80
Inspections	416.82
Annual report for 1895 (Printing of report \$275; cloth binding of 200 copies	-
\$30; plates \$42.55; cost of preparation \$47.70)	395.25
Library (Books, reviews, etc., \$309.70; binding \$57.55	367.25
Meetings	360.0 0
Postage (correspondence and documents),	290.00
Stationery	254.96
Law costs (\$200 for fees in successful suit against City of Montreal)	253.80
St. Ursule Cemetery (proceedings and costs of suit)	240.69
Legislation (fees, travelling expenses, printing)	231.45
Furniture \$162.72; Repairs \$30.21; Insurance \$24	216.93
Supervision of the Vaccine Institute	202.00
Laboratory (Instruments \$66.45; current expenses \$132.71)	199.16
Telephone	104.94
Care and cleaning of offices	93.20
Grant to L'Union Médicale for a monthly sanitary review (6 months)	50.00
Freight, express and customs	49.14
Telegrams	27.22
Travelling expenses to Ottawa	13.60
Auer light	9.98
Sundries	30.56

^{\$10,946.23}

Report of the Inspector of Health.

During the past year, sixty-three inspections were made as follows: one for a case of varioloid, one for a supposed case of small-pox, nine for local outbreaks of diphtheria, three for local outbreaks of typhoid fever, one for a local outbreak of diarrheea, eight in connection with drinking water supplies, seven in connection with the intake of new water-works, two in connection with ice used for commercial purposes, two in connection with old sewers, four in connection with new sewers, eight in connection with old cemeteries, ten in connection with new cemeteries, one in connection with a noxious establishment, one in connection with a nuisance and one in connection with the general sanitation of a town.

The most important of these inspections as regards public health were those in connection with drinking water supplies, sewers and cemeteries. They constitute a series of forty-two visits to thirty different localities.

In virtue of a by-law passed in November, 1894, no water-works or water supply for public use can be established in this Province, before the intake of such water-works or water supply has been approved by the Board of Health of the Province. This regulation was made with the special object of protecting public health against the serious dangers to which it is frequently exposed from the use of impure or unwholesome drinking water. Several new water-works have already been inspected, but there are others which have not yet received the approval required by law. The obligation of having this regulation observed devolves upon the municipalities, for it is their duty to watch over the healthfulness of drinking water. This is one of the most important questions connected with the internal economy of a municipality.

As regards water-works established before the existence of the above regulations, some have been visited for the purpose of devising means to improve them, if possible, or to condemn them as dangerous when it was impossible to improve them. The water-works of the city of St. Hyacinthe was one of the latter. The bad situation in which the intake of the water-works was placed, due to the enlargement of the city and the opening of sewers above that intake, caused the water to become polluted to such an extent that a serious and persistent outbreak of typhoid fever and diarrhoea was the result. The inspection showed that it was absolutely necessary for the city of St. Hyacinthe to place the intake of its water supply somewhere else in order to have as pure water as possible.

There is a regulation for the selection of places for the outlet of sewers similar to that respecting intakes of water supplies. Under such regulation, the situation of the outlets of certain new sewers has been fixed by authority of the Board of Health and, moreover, some old sewers, which had become a source of danger to public health, have been improved. Amongst the latter is the old system of sewerage of Laprairie village, which will be made anew more in accordance with the laws of hygiene.

The same applies to cemeteries with reference to which a law was passed by the Legislature enacting that no ground can be proposed to the civil or religious authorities as the site of a cemetery before it has been approved by the Board of Health as suitable for the purpose.

In addition to the new cemeteries whose site has been selected under the new law, several old cemeteries were inspected and condemned as dangerous to public health, or placed in such conditions as to present no further danger.

The following is a tabulated statement of the inspections made during the year. commencing on the 1st of July, 1895, and ending on the 30th of June, 1896:—

DATE OF INSPEC-	PLACE INSPECTED.	REASON FOR INSPECTION.
1895		
July 1.	L'Assomption Village.	Inspection of the intake of the new Marsolais aqueduct.
July 11.	St. Michel (Bellechasse).	Inspection of the Catholic cemetery for the purpose of ascertaining whether the ground could be raised so that burials might be continued into it.
July 19.	St. Lazare (Vaudreuil).	Inspection of a stream running through the village to ascertain if the water of that stream could be used for drinking purposes.
July 23.	City of Hull.	General sanitary inspection of the city for the purpose of making recommendations with a view to improve its sanitary conditions.
August 10.	City of St. Hyacinthe.	Epidemic of typhoid fever and inspection of the intake of the aqueduct.
August 13.	Laprairie Village.	Public nuisance caused by the outlet of private sewers on the beach in front of the village.
August 25.	City of St. Henri of Montreal.	Inspection of the intake of the aqueduct supplying this city with water.
August 30.	City of Montreal.	Public nuisance caused by the outlet of a public sewer into one of the basins in the Harbor.
September 2.	City of Montreal.	Nuisance caused by the bad sanitary condition of a group of stables.
September 28.	Town of St. Laurent. (J.C.)	Inspection of the Migneron aqueduct to ascertain whether the improvements recommended have been made.

DATE OF INSPEC-	PLACE INSPECTED.	REASON FOR INSPECTION.
1895 October 29.	Granby Village.	Inspection of the intake of new water works and localization of the outlet of a proposed sewerage system.
October 31.	Dorval.	Localization of a suitable site and ground for a cemetery.
November 2.	Laprairie Village.	General inspection of the village in connection with the public drainage and inspection of the intake of the water supply.
November 7.	L'Assomption Village.	Inspection of the Marsolais aqueduct to devise the means to be taken to have it in proper sanitary conditions. Inspection of the intake of the Rocher aqueduct.
November 10.	St. Jovite.	Inspection of the Bisson aqueduct.
November 17.	St. Guillaume d'Upton.	Inspection of the intake of a proposed aqueduct.
November 19.	St. Césaire Village.	Inspection of a site for a new cemetery.
November 21.	Louiseville.	Epidemic of typhoid fever and inspection of the intake of the water supply.
November 22.	St. Ursule.	Visit in connection with the burial of certain bodies.
December 3.	Village and Parish of Ormstown.	Epidemic of scarlet fever.
December 5.	St. Vincent de Paul.	Epidemic of typhoid fever in the Penitentiary.
December 6.	Sault au Recollet.	Epidemic of diphtheria.
December 9.	St. Télesphore.	Epidemic of diphtheria.
December 10.	Village and Parish of St. Polycarpe.	Epidemic of diphtheria.
December 13.	Rivière des Prairies.	Epidemic of diphtheria.
December 30.	Town of Cote St. Paul.	Inspection of River St. Pierre for the purpose of ascertaining whether that river could be used as an outlet for the proposed sewerage system in that town.

DATE OF INSPEC-	PLACE INSPECTED.	REASON FOR INSPECTION.
1896.		
January 14.	Longueuil, Longue-Pointe and Maisonneuve.	Inspection of various places on the St. Law- rence where ice is taken.
January 27.	St Armand East.	Case of varioloid.
January 31.	Coteau Landing.	Epidemic of diphtheria.
February 11.	St. Louis du Mile-End.	Localization of a suitable site on the property of the Reverend Carmelite Nuns for the burial of members of their Order.
February 13.	St. Brigitte des Sauts.	Epidemic of scarlet fever.
February 15.	Bedford.	Epidemic of scarlet fever.
April 22.	St. Ignace of Stanbridge.	Supposed case of small-pox.
May 5.	Yamaska.	Inspection of the intake of a proposed aqueduct.
May 8.	Longueuil.	Inspection of a public cemetery vault.
May II.	Dorval.	Inspection of a proposed site for a cemetery.
May 12.	Longueuil.	Inspection of the Catholic cemetery.
May 18.	St. Césaire.	Inspection of a ground already examined in order to see what measures should be adopted to make it suitable for a cemetery.
May 18.	St. Paul Abbotsford.	Inspection of a site for a new cemetery.
May 20.	City of St. Hyacinthe.	Epidemic of diarrhœa.
May 25.	St. Joseph (Soulanges).	Epidemic of diphtheria.
May 28.	St. Télesphore.	Epidemic of diphtheria.
May 29.	Sault au Recollet.	Epidemic of diphtheria.
June 8.	City of St. Hyacinthe.	Continued epidemic of diarrhoea and further inspection of the intake of the water supply.
June 12.	St. Thérèse Village.	Inspection of a stream running through the village for the purpose of ascertaining whether that stream could be used as an outlet for the drains of the convent of the Reverend Ladies of the Congregation of Notre Dame.

DATE OF INSPECTION.	PLACE INSPECTED.	REASON FOR INSPECTION.			
1896.					
June 16.	Lambton.	Localization of a suitable site and ground for a new cemetery.			
June 18.	St. Sylvestre.	Localization of a suitable site and ground for a new cemetery.			
June 20.	St. Pacôme,	Localization of a suitable site and ground for a new cemetery.			
June 21.	St. Antoine de Tilly.	Inspection of the intake of a proposed aqueduct.			
June 22.	Ste. Hélène de Chester.	Localization of a suitable site and ground for a new cemetery.			
June 30.	Sault au Recollet.	Epidemic of diphtheria.			
June 30.	Parish of St. Laurent, (J. C.).	Inspection of a noxious establishment.			

JOS. A. BEAUDRY,

Inspector of Health.

MONTREAL, 2nd July, 1896.

Report of the Bacteriologist.

During the past year, the work of the laboratory has increased considerably, as compared with that of the preceding year, the general character of the work being similar in both.

WATER ANALYSIS.—The analysis of cemetery water begun last year has been continued, and will be completed during the ensuing year. Weekly bacteriological analyses have been made of the tap water in the laboratory since last winter. These will be published when they cover an entire year. The analyses of the Montreal harbor water were also continued, in order to study the effect of the sewage of Montreal upon the quality of the river water, and to define the extent of the pollution.

An examination was made of the waters in the neighborhood of the city of Sherbrooke and of the town of Westmount, at the request of the councils of those munici-

In connection with the question of the water supply of this Province, it must be noted that there is a marked readiness in many municipalities to introduce systems of mechanical filtration.

This, in itself, is commendable as showing a desire to improve the quality of the water supplied; but, on the other hand, the filtration plants are probably often purchased rather owing to the energy and persistency with which the agents for such appliances occupy themselves in selling their wares, than from any definite ideas as to what the filter will accomplish with a given water. There appears to be some tendency to filter water unnecessarily, or to resort to filtration when a change of the source of supply would be preferable.

As a rule, the Board is not consulted until the filter is purchased and stalled, and it is too late to make any change. The few examinations which we have made of the filters actually in use tend to show that they did not fulfill their claim of removing over 90 per cent. of the bacteria present, but only about 50 per cent.

The problem of efficient filtration, in so severe a climate as that of our Province, is an exceedingly difficult one to solve. The systems of employing bed filters is at present generally considered to be the only one which is capable of thoroughly freeing a water from the germs of diseases. This plan requires so much surface exposure that it might be difficult to keep the filters in operation during the winter months even if covered. The mean January temperature at Montreal is 12° F. This severity of cold is greater than that of any locality using bed filters of which I am aware. Establishing filter beds in this Province could therefore be an experiment which, if made on a large scale at first, might prove costly and unsatisfactory.

It seems therefore specially desirable that the Board should study the question of filtration, by means of practical experiment, and work out on a small scale the problems of cost of working, amount of cover necessary for this climate, etc., so that we would be in a position to speak authoritatively on the matter. When it is more fully understood that the opinions given upon subjects of this nature are the result of practical study and experiment, the work of this laboratory will be generally appreciated.

Many points in connection with filtration (a) can only be settled by means of thorough original research. The efficiency of the sands available in various localities can only be determined by actual experiment, and it is of prime importance that this should be done for the sands of our Province, no matter what system of filtration may be adopted.

I would suggest the establishment of an experimental filtering station in connection with the laboratory, when these matters could be studied in a manner similar to that now done at Lawrence, Massachusetts. Our first object would be to determine the influence of climate, and in addition to study artificial stone and mechanical filters, which have the advantage of being more compact and consequently more easily adapted to our climate. The efficiency of a given filter and the amount of water it can purify largely depends upon the character of the water in question, and this has, as a rule, to be tested experimentally in every case before it can be stated with certainty. The present modus operandi of the average of filtering beds reminds one of the bed of Procrustes, the consumers having to adapt their wants to the capacity of the filter, or suffer the consequences.

The question of the disposal of sewage is also one which must be dealt with experimentally in the laboratory, before giving advice about projects involving large sums of money and intimately concerning public health.

DISINFECTION BY FORMALINE.—By order of your Board, the question of adopting formaline, or formic aldehyde, as one of the standard disinfectants to be recommended was studied in the laboratory, and some observations and experiments were made. As the result of over a year's personal use of this substance, I can unhesitatingly recommend it as being highly efficient as being a rapid and certain germicide in strength of from to 1 per cent. upwards. Its destructive effect upon spores is relatively high, and it has the very great advantage that this efficacity is not impaired by contact with albuminoid material, something which can scarcely be said about any other substance. If stronger (2 to 4 per cent, solutions) it has remarkable powers of penetrating animal tissues, and disinfecting solid masses of flesh in a manner which even strong mineral acids are incapable of doing. Its action is extremely rapid and permanent. It combines strong germicidal properties with those of an unusually good deodorant. It has but little or no effect upon fabrics, instruments, etc., through its continued contact, and its vapors are not destructive or liable to cause bleaching or spotting of clothes.

Its action can be promptly controlled and checked by means of ammonia, with which it forms formate of ammonium, an inert and harmless compound.

In the form of vapor, this substance possesses remarkable germicidal properties, destroying dried anthrax spores or killing all the germs in dust after an exposure of only two to four hours. It may be mentioned that carbolic acid in 3 per cent. solution requires 24 hours to destroy anthrax spores.

⁽a) A résumé by Dr. Pelletier of the present state of our knowledge of filtration will be found in another part of this year's report, see page 23.

Kinyoun of Washington has recently shown that by having the formaline gas perfectly dry, even all the upholstery and bedding of an ordinary Pullman car can be

completely sterilized by filling it with the gas.

The advantage of gaseous fumigation with formaline of dwellings is obvious on account of the much smaller expense, delay and inconvenience involved, as compared with the plan of transporting the household effects to a disinfecting station, and bringing them back after steam disinfection.

A new field of usefulness for formaline was pointed out in Dr. Kinyoun's paper namely: supplementing the steam disinfecting apparatus by dealing with furs, leathers, books, etc., which are destroyed by steaming. This can be done by attaching a formaline generator to the steam disinfection chamber without heating it, but ensuring penetration of the dry vapor by means of a vacuum apparatus.

I can testify personally to the perfect efficacy with which one can thus disinfect in an ordinary exsiccator containing formaline such articles as diphtheria outfits, folded papers, etc., and varnished or painted objects which cannot be heated, but are injured by the application of antiseptic solutions. When the disinfection is complete, the formaline is replaced by ammonia, to neutralize it and to remove the odor.

Many of the appliances divised for formaline disinfection are nearly worthless for ordinary sanitary purposes. The formaline lamps which are at present on the market do not liberate a sufficient volume of the gas to penetrate folded clothing or bedding. They also generate a large amount of water vapor, during the act of burning, which renders the gas much less penetrating than when it can be used dry.

While the direct generation of the gas in the apartment itself by other means, such as formaline lamps, or formaline generators, will disinfect thoroughly the exposed parts such as walls, dust, etc., it does not penetrate sufficiently to destroy germs in bedding or crevices.

It has been shown by Roux, Trillat, Kinyoun and Miquel that the addition of calcium chloride to the formaline solution causes the gas to be envolved more rapidly and in a more dry and effective form. They state that an apartment can be more thoroughly disinfected by an apparatus blowing in formaline vapor mixed with steam dried by calcium chloride, than if formaline is evaporated at the ordinary temperature.

Formaldehyde gas undoubtedly ranks far above sulphur dioxide as a disinfectant.

There are, however, some drawbacks to its general adoption at present. Chief among these is the expense, a 40 per cent. solution costing 75 cents or more per pound.

The apparatus and technique still leave room for further simplification but satisfactory disinfection by formaline seems now to be an accomplished fact. We have at present chiefly to consider the question of expense. The gas in the pure state is relatively more expensive than an equal volume of other gaseous disinfectants, sulphur, for instance; but, on the other hand, Dr. Kinyoun's experiments have shown that the concentration of the vapors is immaterial if perfectly dry, as little as $\frac{1}{10}$ of one per cent. being sufficient for thorough disinfection, while sulphur dioxide is inefficient unless present in the proportion of $1\frac{1}{12}$ per cent.

VACCINE, - Recently, one of the chief obstacles to the successful operation of vaccine

establishments has been overcome. It was not possible by the methods previously in use to obtain a lymph free of all extraneous germs, especially those producing suppuration, and at the same time to preserve its full efficacy as a vaccine.

It is now known that glycerine is able to preserve the vaccine virus, while any extraneous germs present at first die out. Glycerine had already for many years past been frequently employed by some as a preservative of vaccine; but as no bacteriological study had been made into the conditions under which this was accomplished, its additional merit of freeing the lymph for bacteria remained unknown until quite recently. It has been shown that when vaccine lymph or pulp is diluted with a mixture of equal parts of glycerine and water, so as to form a 20 °lo solution, it can be kept for over a year in perfect condition. After it has been stored for a few weeks, any bacteria originally present are found to have died out. The main condition necessary for success depends on perfect purity of the glycerine. The uncertainty of the earlier attempts of glycerine preservation was no doubt due to the glycerine not having been chemically pure and free from acid or not having been sufficiently diluted before using. (a)

Although the full advantage of glycerine vaccine has only recently been shown, it rests upon such reliable authority, and has been so amply confirmed by independent observers that I have no hesitation in recommending it to the Board as a proper and scientific procedure. Among those who have already publicly endorsed it, I may instance in France, Strauss, Professor of Bacteriology in the University of Paris; in Germany, Dr. Rockl of Berlin, chief of the German National Sanitary Bureau; in England, Dr. Copeman, Bacteriologist to the Local Government Board; and in America

⁽a) Warlomont says of glycerine lymph (Traité de la Vaccine, Bruxelles, 1883, pp. 253, 254);—

[&]quot;Pulpe Glyctrinie.—La méthode qui consiste à utiliser toute la pustule, débarrassée des matières i irritantes dont elle peut être recouverte ou pénétrée, est évidemment la pluslogique, puis qu'elle livre au "vaccinateur toutes les parties virulentes qui s'y trouvent rensermées. C'est aussi celle qui compte aujourd'hui dans la pratique le plus grand nombre de partisans. Peut être s'étonnera-t-on du long temps qu'elle a mis à faire sa trouée; la désectuosité des moyens d'abord usités en doit seule être accusée.

[&]quot;Cette préparation est d'une extrême activité, et la conserve longtemps; ceux qui l'ont introduita dans la pratique ont réalisé un incontestable progrès. Elle demande cependant à être perfectionée, dans le but d'en faire disparaître l'élément irritant, qui, dans les vaccinations d'enfants, manifeste trop souvent ses effets par des pustules phlegmoneuses."

The preparation here alluded to by Warlomont is stated to consist of lymph dissolved in concentrated glycerine. From what we now know of the properties of glycerine and its action upon vaccine and living animal tissues, the uncertainty of its preservative effects was probably due to impurities (especially the presence of free acids) in the glycerine, while the irritant effects were due to its employment in too concentrated a form. Glycerine, unless diluted, sets up inflammation when brought into contact with a raw surface. By applying pure and dilute glycerine respectively to chapped hands, anyone may become convinced of the practical importance of attending to this detail in dealing with the skin when scarified in vaccination.

Dr. Sternberg, Surgeon-General of the United States Army. These are all men whose high scientific standing and official positions give great weight to their opinions.

Much practical interest attaches to this discovery. It is now possible to test lymph and ascertain whether it is efficient and free from the germs of suppuration before placing it upon the market. This was impossible under the previous system of charging points direct from the animal, shipping them at once, and possibly recalling those not used in a few weeks or months. The fact that the lymph might deteriorate during the interval required to test it prevented this from being uniformly done. The charged ivory points were, however, found very convenient and on this account very popular amongst physicians.

Another advantage of the glycerine method system would be that it will no longer be necessary to keep up such large stables, laboratories and staffs of assistants as were required when a large proportion of the product was wasted. On this account, besides an improvement in the quality, there should be a decided cheapening in the price of vaccine, and at the same time a better profit for the producers, who can now be enured against the spoiling of their goods from want of a ready sale.

I would suggest that some experiments be made in our laboratory in the direction of determining whether some system carnot be devised, by which the glycerine and lymph could be handled as easily and inoculated as conveniently as with the ivory points. The suggestion by Dr. Sternberg, that vaccination by hypodermic injection may furnish means of avoiding the after-results of accidental infection of vaccination is well worth consideration.

DIPHTHERIA DIAGNOSIS.—The following report upon bacteriological diagnosis of diphtheria covers one year ending April 1st, 1896:

During this period, 998 samples of exudation (all from Montreal) were examined as to the presence of diphtheria bacilli. (a)

Methods.—The methods followed were in the main those adopted by the New York Board of Health, which was the first sanitary body to introduce a system of wholesale bacteriological examination in diagnosing diphtheria. The fact that this precedent has been followed within two years by the establishment of similar services in many large American and European towns, and that in no case have any very important modifications or improvements been introduced, speaks volumes for the efficacy of the system originated by Drs. H. M. Biggs and W. H. Park.

The Board of Health of the Province of Quebec considered that cheap card-board boxes, which could be destroyed when once used, would be preferable to the more elaborate outfits in use elsewhere; and in view of the greater uniformity of results obtained, the Board has only issu d outfits with swabs, the cultures being made in the laboratory. Suitable blanks for filling in reports are sent out with each outfit, and these outfits are left at pharmacies conveniently situated for all parts of the city. The fact that the service was a provincial and not a municipal one made it necessary that we should not attempt to do more for Montreal than we were prepared to do for the entire province, and therefore the enforcing of

⁽a) Of those, 528 were examined at the Provincial Board Laboratory, including samples from all cases admitted into the diphtheria wards of the Catholic section of the Civic Infectious Hospital, and 470 at the General Hospital Pathological Laboratory, including samples from each case admitted as diphtheria into the Protestant section of the Civic Hospital.

The examination was made by me personally in 729 cases. The remainder were examined by either Dr. J. E. Laberge (125), Dr. W. H. Jamieson (89), Dr. J. A. Williams (5), or the late Dr. E. P. Williams (47), who at one time or another kindly undertook my work during my illness or absence.

quarantine and local notification arrangements are not attempted, nor is a daily collection made from the depots, as should certainly be done in the case of a municipal diphtheria service,

Unfortunately the absence of permission to use the mails for transmitting samples of throat exudate has made it difficult to get samples to the laboratory in time for sending a report on the following day, and this has often prevented physicians from availing themselves of the facilities offered by the Provincial Board of Health.

Preparation of the medium.(a)—I have employed throughout Loeffler serum, made by adding 1-3 volume of alkaline, 1 p.c. peptone, 1 p.c. glucose beef broth to ox-blood serum, simultaneously sterilized and coagulated in a water oven. (Hueppes method.) This medium gives a good growth at the end of 12 to 14 hours. The trouble and delay of frequent visits to the abattoir has been avoided by preparing large quantities of the serum at a time, adding with the glucose bouillon as a preservative, 1 to 2 per cent. chloroform, and keeping it in self-sealing preserve jars until required for filling the tubes. 1 have used this method (suggested originally by Koch) since 1892 with very satisfactory results, and have still a reserve supply of serum kept by this means in ordinary corked vials since 1892, which was recently tested and found to yield a satisfactory medium.

It may be well to mention that if the serum contains much blood this will form a compact layer over the chloroform in the bottom, hence it is better to shake the jar occasionally during the first few days.

By wrapping tin-foil round the tops of the tubes and dipping them into paraffin, they may be kept indefinitely without drying up. The tin-foil prevents the paraffin from entering the cotton wool. I owe the suggestion to Dr. Adami.

Method of taking samples.—A small galvanized iron rod with a piece of cotton wool is twisted round the end sterilized, and placed in a sterilized tube, enclosed in a card-board box, with directions for use, forms the outfit of the Provincial Laboratory.

It is better not only to rub the surface of the exudate with the swab, but also to pass the swab along under one edge of the exudate (MacCollum), as bacilli may sometimes be met with in this situation after they have disappeared from the surface. In cases of laryngeal or nasal diphtheria, the bacilli are usually present in the mucus on the posterior wall of the pharynx. In case of negative results, inoculation should be made, if possible, with pieces of membrane. It must be borne in mind that in some cases of diphtheritic croup, the bacilli may only appear late in the disease.

The use of ordinary cotton wool (as recommended by Shuttleworth) is preferable to absorbent cotton. The swabs should be thoroughly sterilized before use.

The result of the examination is communicated by mail, and also by telephone if desired, by noon on the day following the receipt of the swab at the laboratory.

In the case of an anomalous growth or none at all on the serum, I have been in the habit of exam ing the swab microscopically; but my experience is in accord with that of Park, that the routine exam ination of the swab in all cases seldom gives additional information or enables a certain conclusion to be arrived at earlier than by the ordinary culture methods. The direct microscopic examination is a work which falls within the province of the clinician rather than of the laboratory bacteriologist.

I have tabulated 882 samples received during the twelve months ending April 1, 1896. Of these, 572, or 64 per cent., were primary examinations or first samples, and 310 secondary samples examined subsequently, either to determine when the throat became clear from bacilli in the genuine cases or for the further study of doubtful ones.

Of 572 primary samples, 321 (56 per cent.) gave positive results; 189 (33 per cent.) negative results; and 52 (11 per cent.) doubtful results. So that we had to deal presumably with rather more than 321 cases of genuine diphtheria.

The relative frequency of mixed infection is shown from the following table of primary samples:

Klebs-Læffler	bacill	in pure culture	43 p	er cent.
**	4.6	with streptococci	15	44
66	16	with staphylococci and streptococci	13	86
**	16	staphylococci alone	10	116
41	46	pneumococci	5	31
Short bacilli a	nd oth	er combinations	4	44
			100	

Unfortunately I had no opportunities for determining the relative mortality of the different associations, and my information as to the relative benefits from antitoxin in each is too fragmentary to have any value.

⁽a) Hard boiled eggs have been used as a culture medium from time to time, when we happened to be short of serum in the laboratory; but I found they require more time and skill in order to properly make culture than is the case with the serum sterilized in tubes.

Persistence of Infection in the Throat —Of 310 re-examinations or secondary cultures, made to see whether the bacilli had disappeared from the throat in the later stages, or in the event of a doubtful result in a primary culture, 145, or 47 per cent., gave positive results.(a)

As a rule, the bacilli become scanty in a membrane that has been formed more than four days, though in some cases they were abundantly present for several weeks after the disappearance of the membrane, and in two cases virulent bacilli were still present four weeks after the throat had been quite free from membrane.

On the other hand, they were absent in about one half the cases by the third day after the disappearance of the membrane, corresponding with the statement made by Park. Under these circumstances, the advantages of a quarantine regulated by bacteriological examinations over one with an arbitrary time limit is obvious.

In cases treated with antitoxin the bacilli persisted as long in the throat as those treated without antitoxin. Personally, from what is known of the biology of the diphtheria bacillus, and especially its tendency to die out or fail to increase in the presence of very weak acids, I should favor some mild treatment by lozenges or confection containing a weak organic acid, such as citric acid, by which an acid condition of the fauces could be kept up, would be the most promising way of getting rid of the bacilli; but I have had no opportunity of testing this.

Significance of Negative Results.—With regard to the significance of a negative result, it depends altogether upon the stage at which the sample is taken. In case of negative results, we have always requested the sending of secondary samples if anything in the course of the case tended to show that the case was really diphtheria. The result in these cases was almost universally negative. Out of 189 cases with negative results I have been able to hear of but two cases, where a visible membrane gave negative bacteriological results in the early stage, being followed by diphtherial paralysis.

The chief difficulty to the bacteriologist in interpreting these negative results is the absence of certain information that the sample has been properly taken. The occurrence of diphtherial paralysis I regard as conclusive evidence that the case was really diphtheria. When the clinical diagnosis is positive I think that even after negative bacterial results, samples should be taken at intervals of a day or two in case of a re-infection. In any case, a negative result shows that the exudate is not at the time in a state likely to spread infection. (b)

In any case where the patient has been ill for four or five days, the absence of bacilli in the cultures, even from visible membrane, should not be considered as proving that the case is not one of diphtheria. When the sample istaken from cases with no visible membrane, the negative results are less trustworthy; but, as a rule, in cases of croup the posterior wall of the pharynx gives an abundant growth of diphtheria bacilli. Some throat swabs taken from fatal cases of croup not diagnosed during life were found to give posttive results, a method which might be made to yield valuable statistical information in a properly managed system of death certification. The fact that so-called simple croup is credited with causing in Montreal double the number of deaths due to typhoid should make this question worth investigation.

Doubtful Results.—In 11 per cent. of the primary examinations, the results of the first culture were not decisive; of these 1 per cent. showed entire absence of growth, due to the use of antiseptic applications shortly before taking the sample. Sometimes organisms, apparently characteristic Klebs-Læffler bacilli, were present in such small numbers that they did not correspond with the known tendency of diphtheritic bacilli to rapid growth as compared with other organisms. In such cases a second culture was uniformly asked for and obtained, but it was just as uniformly negative, except when obtained in the late stages. If one is sure that the sample properly taken from visible membrane in an early stage gives negative results, there is very little danger of the case being diphtheria. (c)

The routine advice has been to keep such cases isolated, and send further samples. In case they are exposed to danger of infection from undoubted cases of diphtheria, or removed to an infectious hospital, a small dose of antitoxin would confer immunity. This power of immunization offsets to some extent the lack of any proper isolating wards for observation of doubtful cases in our contagious hospital.

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⁽a) Among these there was only one case where the bacilli were missed at the first examination and found subsequently. This was a case of laryngeal diphtheria following pharyngeal, where the case was examined bacteriologically on the ninth day only of the illness.

⁽b) It was not found, as a rule, that the taking of duplicate samples at the same time gave any additional information, though in one case bacilli were absent in one sample and present in a duplicate taken at the same time. Additional samples taken after an interval of 12 to 24 hours were more often of service.

⁽c) With regard to the late cases in which few bacilli are met with, it is likely at all events that the danger of infection will be as slight, so long as the bacilli are scanty in the exudate.

With a scanty growth of suspicious-looking bacilli, I am inclined now to look upon the case as probably not diphtheria, if in an early, or probably not highly infectious if in a later stage. As severe angina so often proves to be a manifestation or complication of scarlatina or some other exanthem, I favor isolation in a fever hospital, if not obtainable otherwise, as being the safest plan for the public safety. The clinical course of these cases, however, often shows them to be tonsillitis by the end of 24 or 48 hours. My experience of such cases has been decidedly that they are not infectious. They usually improve suddenly if left to themselves, and so if a dose of antitoxin happens to be taken this may create the impression that the case was really diphtheria. The absence from the cultures of a sufficient number of streptococci to explain the condition of pseudo-membranous angina is suspicious of diphtheria, as most of the non-diphtheritic anginas are due to streptococci. As I have information about several cases, not diphtheria, benefited by antitoxin, I think its employment in all doubtful cases should be the rule if the symptoms are grave, especially if there are evidences of croup. Our experience in the hospital laboratory has been that an unusual number of doubtful results were found in connection with private cases. It was the rule in such cases to find a considerable number of suspicious-looking bacilli in many cases which we did not consider to be diphtheria. The only explanation which suggests itself to me is, that the samples were taken in these cases with unusual care, and an unusually liberal amount of the exudate was smeared on the culture media, and that under these circumstances a certain amount of growth in the natural secretions of the pharynx may have been possible with germs which do not grow on Loeffler serum. Sometimes, where the growth was scanty, portions of the exudate itself would be removed from the serum in examining the culture. The presence of bacilli in the exudate, which do not

An abundant growth is sometimes found of a bacillus which does not have the typical characters of Klebs-Læffler bacilli.

These cultures constituted between 1 and 2 per cent. of all the samples examined, and were extremely puzzling. They usually occur in groups, and are associated with contact or exposure to genuine diphtheria. None of them were fatal in my experience, though two or three were followed by pharyngeal paralysis. The membrane formation was described as not being typical but usually thick and pultaceous, and in some cases no distinct membrane was formed.

In one such case, the rather large organism met with grew on potatoes as a distinct white colony, each ding it from the category of Klebs-Loeffler bacilli. It killed guinea pigs by septicæmia without the characteristic hæmorrhægic infiltration of the diphtheria bacilli.

In the case of genuine diphtheria bacilli, a certain proportion of the rods stain intensely, almost black, with warm carbol fuchsin. In the case of the pseudo-forms this was not the case, the staining being more uniform and much fainter.

In another case an organism forming long rods was obtained in pure culture, and killed guinea pigs in the typical manner with the characteristic lesions.

In a third case, without any diphtheritic membrane, an organism was met with which was twice as long and thicker than the Klebs-Loeffler lacillus in the first culture, but on making sub-cultures in successive generations became typical, and later on showed typical growth from secondary throat cultures.

This tendency of bacilli, when in considerable amount in the first cultures, to revert to the well-known Klebs-Læffler type in sub-cultures and their tendency to show virulence to guinea pigs, has made it hard to decide that any bacillus is not Klebs-Læffler bacillus if it is found in abundance in a primary culture, no matter how far it may be removed from the orthodox standard morphologically.

The most satisfactory mode of procedure is, of course, the inoculation of guinea pigs, but to do this properly involves delay. In the first place, the original throat cultures are nearly always too thickly sown to allow of the immediate isolation of pure cultures without preliminary separation upon surface of serum tubes, which means usually a delay of a day. When a pure culture is obtained, conclusive results can only be assured by inoculation of a bouillon culture, which means a delay of one or two days more. Finally, if the full degree of virulence is not present, the animal may take two or three days to die. In any case, as pointed out by Roux and Versin and by Park, the fact that one colony grown from a sample is not virulent does not show that another of the same bacillus from the same case may not be, as the virulence of different colonies, even in the same case, has been shown to vary greatly. The formation of acid or alkali can be more readily determined, but also requires isolation of pure cultures in order to be used.

The delay and trouble attendant on this test by inoculation contrasts very unfavorably with the convenience and rapidity of the rest of the technique for quarantine purposes. I have obtained more satisfactory results from simply making secondary cultures; it will be found either that the bacilli are absent from the cultures or that more typical forms are met with.

Where there is definite growth of bacilli from the throat, the case should be provisionally regarded as one of diphtheria until shown to be otherwise, whether the clinical symptoms and the morphological

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characters are typical or not, as the tendency to variability is far more distinctive of the diphtheria bacillus than any one of the forms in which it occurs.

Visible growths on acid potato, or motility and formation of alkali are sufficient to characterize any organism showing them as something else than the Læffler bacilli.

Significance of Positive Results.—When a typical heavy growth of a bacillus, corresponding in appearance with the Klebs bacillus, is met with, there need be no hesitation in declaring that the conditions for diphtheritic infection are present, whether the clinical symptoms correspond or not, and whether there is visible membrane or not.

Of the 293 primary samples examined at the Provincial Board of Health Laboratory, 43, or 13 per cent., were from cases diagnosed clinically as follicular tonsillitis, quite apart from a number more where the diagnosis was stated to be possibly or probably diphtheria. Of these 43 cases diagnosed as tonsillitis, 19, or 45 per cent., were shown to be diphtheria. This result was confirmed by inoculation experiments in a number of my earlier cases, the result being uniformly positive in every case where it was tried. This experience tends to shake one's confidence considerably as to the efficiency of the diagnosis of tonsillitis from diphtheria without making cultures. As to the recognition of diphtheria from tonsillitis, of 293 primary samples sent to the Provincial Bacteriological Laboratory, only 173, or 59 per cent., gave positive results, and of 279 primary specimens sent to the pathological laboratory of the Montreal General Hospital only 148, or 53 per cent, gave positive results. Possibly many of these were only sent as an additional precaution in cases clinically considered as tonsillitis, but we found that cases called follicular tonsillitis were really diphtheria 45 times out of 100.

We may assume that when a patient is sent to a diphtheria ward in an infectious hospital some good grounds exist for diagnosing the case; but in the case of the Catholic division of the infectious hospital of 73 primary samples from cases sent as diphtheria, only 46, or 66 per cent., showed the presence of diphtheria bacilli, while 25 or over showed none.

In the case of the Protestant section of 92 primary samples, 81, or 87 per cent., showed the presence of diphtheria bacilli, and 11, or 13 per cent., showed none. The difference between the results of the two sections appears to be due to the fact that a preliminary bacteriological examination was made in a large number of patients at the Montreal General Hospital before forwarding cases recommended for admission as diphtheria. (a)

The results go to show the advisability of making, whenever possible, preliminary bacteriological examinations of cases before sending them to the infectious hospitals, and also of providing properly isolated observation wards in the infectious hospitals for the reception of doubtful cases. A precautionary immunizing dose of serum will considerably lessen the danger of an infection resulting from mistakes in diagnosis, but it will not wholly guard against it, as I have met with several instances of diphtheria infection, confirmed by bacterial examination, among persons supposed to be protected by doses of the antitoxin.

Accuracy of Various Methods of Diagnosis.—The delicacy of the positive clinical diagnosis of diphtheria has been seen in our 572 cases to be somewhat over 60 per cent. The bacteriological diagnosis has, in my experience, shown an accuracy of somewhat over 90 per cent. The chief difficulty in giving a diagnosis is the uncertainty from not having personally made the cultures. (b) I found a greater uniformity of the results in the Provincial Laboratory where all the tubes are inoculated by one attendant who strictly followed my instructions, than in the hospital laboratory where they were made by various physicians.

Probably had specimens been indiscriminately sent me in all cases, the percentage of genuine cases would have been greater, but naturally one had a preponderance of the obscure cases as, by some physicians, samples were only sent from those which were puzzling.

The positive results were equally frequent in the case of the hospital cases, where cultures were made at once on serum, and forwarded to the laboratory, and in those of the Provincial Laboratory, where the swabs were sent to the laboratory and the culture made as a rule only after several hours delay.

⁽a) From the above, I have omitted from the negative result in each division two patients admitted in the paralytic stage of undoubted attacks of diphtheria, but from whose throats the bacilli could no longer be obtained.

⁽b) In one case shown by autopsy to be laryngeal diphtheria, a physician inoculated a tube which gave negative results. A few hours later in performing a trachectomy on the same case, he accidentally inoculated his own hand, producing a sloughing wound, from which we obtained a pure culture of Klebs-Læffler bacilli.

Diphtheria Bacilli in the Throat of Apparently Healthy Persons.—The occasional occurrence of bacilli like the diphtheria bacillus, so-called pseudo-diphtheria bacilli, in the throat of apparently healthy persons, appears to have received an undue amount of attention with reference to its practical bearing upon the diagnosis of diphtheria. These bacilli have very seldom been met with in the overwhelming numbers which characterize the early stages of diphtherial infection, and therefore are not likely to give rise to serious errors of diagnosis in cases examined early.

On the other hand, it has been abundantly demonstrated that the virulent diphtheria bacilli may exist in large numbers in the throat of persons who are apparently healthy, and who certainly do not present any of the clinical features of diph'heria, and this important discovery viewed in its true light should materially influence one's course in dealing with outbreaks of this disease in households or public institutions such as schools, hospitals and asylums.

Instead of isolating and examining bacteriologically only those cases which have sore throat, all the throats in the institution or household should be examined bacteriologically, and those persons from whom a culture of diphtheria bacilli is obtained should be isolated and quarantined, whether they are ill or not, until no bacilli are found in the throat cultures.

This is probably the explanation of the difficulty often experienced in preventing the spread of diphtheria in households or public institutions, even after all persons actually ill have been rigidly quarantined.

Attention to this mode of infection by the New York Board of Health has led to most satisfactory quarantine results, and Aaser, of Copenhagen, has recently reported an outbreak in a cavalry regiment, which continued to spread after all the sick persons had been isolated and thorough disinfection performed, and was only controlled when 19 persons, apparently healthy, but whose throats furnished growths of diphtheria bacilli, were quarantined.

Use of Antitoxin.—The twelve months under consideration cover pretty accurately well the first twelve months' experience with the use of antitoxin, and therefore the first year in which a specific remedy was available for the treatment of this disease. It is of special interest to study the frequency of diphtheria in the city during this period, and see what effect this new remedy whose efficacy is undoubted has had upon the diphtheria death rate.

From the records at the City Health Office, to which Dr. Laberge, City Health Officer, kindly gave me access, I find that during the period in question 849 cases of diphtheria and diphtheritic croup were reported at the Health Office, besides 83 cases reported as simple croup.

The mortality from diphtheria and diphtheritic croup was 282, and in addition there were 100 deaths from so-called simple croup. Probably three fourths of the cases of this latter disease were really diphtheria. In Montreal the term of "simple croup" was recently invented to cover obscure throat cases, in which notification is permissible but not obligatory, in the hope that it may lead to cases being reported which would otherwise not be heard of. If the cases thus reported were examined bacteriologically, valuable information would be obtained. The deaths registered under this heading, in spite of its harmless and reassuring sound, are twice as many as those occurring from typhoid fever in Montreal.

The total mortality for diph heria and croup was thus in the neighborhood of 400 for the twelve months under consideration, and double that observed in any one year since 1888, the mortality from diphtheria and croup in the intervening years being as follows: 1888, 427; 1889, 200; 1890, 170; 1891, 78; 1892, 54; 1893, 65; 1894, 99; 1895, 419.

Without going into the proportion of the deaths in the different years to the increasing varying population of the city, I wish to call attention to the fact that during the first year of the antitoxin treatment, and in spite of the fact that this treatment was very generally carried out in private patients who could afford it and among hospital patients who get it without paying, and while special statistics show a decided lowering in the death rate, nevertheless in Montreal, twice as many persons died from diphtheria during 1895 as during any of the previous six years. This probably does not depend at all upon any better enforcement of notification in diphtheria cases, as it includes both diphtheria and croup.

My reason for emphasizing this is to show that the rigorous enforcement of the standard quarantine measures of isolation and disinfection is not rendered less necessary by the introduction of the new specific remedy. Indeed I consider that by converting a severe disease into a mild one the tendency of the patients to go about before the danger of infection had disappeared must be increased to an extent which offers a new element of danger, unless quarantine is very strictly enforced. Even physicians hardly realize the necessity of enforcing a tedious quarantine and isolation for what has apparently been trivial illness which improved promptly under antitoxin.

Another matter which calls for notice is the practice of withholding antitoxin until the diagnosis of diphtheria is clear. Probably a large proportion of the deaths from diphtheria arose from delay in the

use of this remedy. One would think it better that the remedy should be given ninty-nine times to persons not having diphtheria than to omit it in one genuine case.

I was often told that a report was wanted in order to determine whether it is necessary to use the antitoxin or not. The invariable answer has been not to delay the administration of antitoxin for a bacteriological report if the case is at all urgent. Although the coincidence of the discovery of this remedy has led to an increased interest in the diagnosis of diphtheria, the unavoidable delay of 15 to 24 hours makes it inadvisable to delay a preliminary "protective" dose of the remedy until the diagnosis has been confirmed. In any case, observations have shown marked benefit in certain forms of angina solely due to staphylococci and streptococci when diphtheria bacilli were found to be absent.

Conclusions.—1. The culture method enables a positive diagnosis to be made in 90 per cent. of all cases of diphtheria when seen early.

- 2. The significance attaching to a negative result depends entirely upon the length of time which has elapsed since the onset of the disease, and the absence of bacilli from a case which has lasted often four or five days does not prove that it is not diphtheria; in any case where the course of disease makes it likely to be diphtheria, repeated re-examination should be made.
- 3. In severe cases of suspicious angina, it is advisable not to delay the preliminary dose of antitoxin in order to learn the result of the bacteriological examination.
- 4. The greatest value of the bacteriological examination is in determining the necessity and the duration of isolation and quarantine, and if cases continue to appear, the throats of all persons exposed to contagion should be examined whether they show signs of disease or not. A swabbing to be taken postmortem in all cases of death from croup.
- 5. The patients should not be released from quarantine, and the final disinfection of the premises should not be done until the bacilli have disappeared entirely from the affected part.
- 6. The bacilli have been shown to infect articles of clothing, furniture, etc., and these should be thoroughly disinfected, preferably by steam under pressure, and solutions of mercuric chloride. Fumigation by sulphur is unreliable in the majority of cases as commonly carried out.
- 7. Cases showing a heavy growth of bacilli, on serum at 20 hours, not quite of the typical Klebs-Læffler type, should be regarded as suspicious and strictly isolated until their non-diphtherial nature is clear. In order to avoid the conflict between the opinions of the medical attendant and the bacteriologist, it is preferable when a case diagnosed clinically as non-diphtheritic shows a growth of bacilli, that the further tests of acid production and pathogenes is to be applied, the medical attendant being informed of the suspicious nature of the case and of the necessity of isolation pending more thorough bacteriological study. This would remove a common cause of friction between the medical attendant and the Health Officer, and lead to the more careful study of the doubtful cases.
- 8. In spite of the use of antitoxin and the great benefits resulting from it, the mortality of diphtheria has greatly increased in Montreal during the past year.

During the past year, the system of gratuitous examination and report upon diphtheritic membrane has been increasingly made use of by the medical profession of Montreal and the immediate neighborhood. The refusal of the federal post office authorities to permit the transmission of the cultures outfits used by means of the mails has left the Canada Health Boards behind France, England, Germany, Switzerland and the United States, as regards facilities for popularizing this branch of sanitary work. This explains why the system has not been more extensively made use of in other parts of the Province, as the cost and inconvenience of express delivery was very great, and often impossible as there are no express offices in half of the municipalities of this Province.

It will thus be seen that a large amount of my time was taken up in doing gratuitously for the city of Montreal work, which that corporation might have been doing for itself at little cost, and under much more favorable circumstances, for lessening the frequency of contagious disease.

Attention should be called to this indifferent attitude of the Montreal towards the question of the diphtheria diagnosis. Everywhere throughout Europe and America, laboratory methods have revolutionized the methods employed by sanitary bodies in recognizing and dealing with this disease. of Montreal is practically the only one of its size on this Continent without a bacteriological laboratory. This continues to be the case in spite of the earnest and repeated protest of the City Medical Health Officer. Some two years ago, the City Council went so far as to appoint a bacteriologist; but this official, having as yet no laboratory, is consequently unable to establish a proper system of bacteriological diagnosis. The absurdity of the situation will be apparent when I state that a laboratory sufficient for this work would only cost from 300 to 500 dollars and the annual grant for its Montreal Health Department is \$105,000.00. Our Board is not in a position to do this work satisfactorily for a large city like Montreal, even if it was our duty to do so. The amount of work involved is considerable, and we have no night staff to receive reports. Besides, we have no power of quarantining and dealing directly with the cases, and can only report the diagnosis to the attending physician, who may then inform the City Health Office, which would thus learn in a roundabout way what it was their duty to know at first hand. The amount of money annually saved out of what is now spent in useless disinfections, which would not have to be performed were bacteriological examinations made, would pay the City several times over for the necessary laboratory equipment.

ANALYSIS MADE FOR MUNICIPALITIES.—As frequent inquiries are made as to the cost of sanitary analysis, I append the official tariff announced by the Board last year:

Consultation or letter		\$2,00
Water Analysis	First Sample: { Biological analysis alone	15.00 15.00 25.00
water manyalar,	Chemical and biological analyses combined Subsequent Chemical analysis alone	5.00 5.00 10.00
Sanitary analysis of fo	od, milk, etc., per sample	5.00
Tests of sanitary appa	ratus, filters, disinfectants, etc	5.00
Bacterial or microscop	ical examination of specimens of meat, sputum, dejecta, etc	5.00

It was expected that the moderate rates charged would induce municipalities to show less reluctance in having sanitary analysis made. This has not been the case so far, the revenue from this source having averaged only to three and one-half dollars per month during the past two years.

On the other hand, your Board, by paying a fixed retaining fee of three hundred dollars per year, has the right to order, without paying further fees, any analysis necessary for its own purposes. The charge for the analyses made under this arrangement

during the past year would represent about \$5,000.00 in fees, according to the rate of the schedule, so that the cost of analysis to the Board has not been one-fifteenth of the regular rate. This is not only an argument in favor of fixed salaries, but suggests that the voluntary payment of fixed annual sums by some of the municipalities might be found more successful than the offer of a reduced rate of fees.

In connection with the suggested plans for future work in connection with water filtration, vaccine, sterilization, etc., I must state that they cannot be made effective without some increase of our present laboratory accommodation. Besides this, with the growth of the work, the services of a properly trained laboratory servant are becoming increasingly necessary. I hope that in the near future, it will become possible to employ an attendant exclusively for laboratory work.

WYATT JOHNSTON,

Bacteriologist.

MONTREAL, July 2nd, 1896.

Report of the Recorder of Vital Statistics.

The study of the demographic movement in the Province of Quebec, for the year 1895, gives the following results:—

Birth-rate: 39.30 per 1,000 inhabitants;

Marriage rate: 32.76 per 1,000 persons of marriageable age and who were not married;

Death rate: 21.24 per 1,000 inhabitants;

" leaving out still-births, 20.46 per 1,000 inhabitants;

We publish below (in Annexes A, B, C, D, E) detailed tables of the births and deaths in each county of the Province.

The better to enable those who may look over the statistical tables contained in this report, to quickly catch the interest of the same, and the better to facilitate the drawing of ready conclusions therefrom, we have deemed expedient to have some pages of analysis or explanation precede them, in order that their meaning and bearing may be seized without too much trouble.

POPULATION.—The population of the Province of Quebec increases every year in fairly considerable proportions as in other countries where the birth-rate greatly exceeds the death-rate. However, we must here take into account the municipalities which have not notified the Board of Health of the number of their births, marriages and deaths, or which have sent in only incomplete returns.

For this reason, we have had to strike out the population of these municipalities, and this tends to lower the real figure of the population, which should serve as a basis for our calculations.

We give below the list of these municipalities which have not fulfilled our expectations:

In the County of Argenteuil: Harrington & Union, Mille-Isles and Morin;

In the County of Bonaventure: Hope, New Carlisle and Paspebiac;

In the County of Charlevoix: Baie St. Paul (village and parish), Les Eboulements, L'Ile aux Coudres, Settrington, St. Irénée and St. Urbain;

In the County of Chicoutimi: Delisle and Roberval (village and parish);

In the County of Compton: Clifton West, Hereford, Marston and Whitton;

In the County of Drummond: Kingsey (French village);

In the County of Gaspé: Cape Cove, Chlorydorme, Douglas East and Douglas West, Etang du Nord, Gaspé Village, Gaspé Bay South, Gaspé Bay & Sydenham. Grande Rivière, Havre Aubert, House Harbour, Malbaie No. 1 and Malbaie No. 2, Percé and York;

In the County of Joliette: Ste. Emelie de l'Energie;

In the County of Kamouraska: St. Philippe de Néri;

In the County of Ottawa: Aumond, Aylmer, Bigelow, Bowman & Villeneuve, Clyde, Eardley, Joly, Kensington, Lochaber Bay West, Lochaber North, Portland, Suffolk and Wakefield;

In the County of Pontiac: Bristol, Cawood & Alleyn;

In the County of Portneuf: Les Ecureuils and St. Ubalde;

In the County of Vaudreuil: Ste. Justine de Newton.

It is but right to add, that in the Counties of Gaspé and Ottawa, owing to the great extent of their territory, to the immense circuits which the clergymen in charge of missions have to go over, and to other reasons of minor importance, demographic informations are more difficult to obtain or to forward; but in the municipalities of some of the other counties we have just mentioned, the blanks which forcibly occur in our reports must rather be attributed to ill-will than to any plausible motive.

The method now generally followed to ascertain, as nearly as possible, the population of a county for any given year between two census years, such as the year 1895 for instance, is to take as a basis of operation, the figures of the census for 1881 and 1891, and to proceed afterwards by deduction, according as the population has increased or decreased during such decade in each county. This is what we have done, and after subtracting the population of nearly sixty municipalities—the same number as in previous years—from which we have been unable to obtain information, we get the figure of 1,492,099 inhabitants.

To give an idea of the yearly vegetative increase of population in the Province, we give below a statement of the yearly excess of births over deaths in the three years, 1893, 1894, 1895:—

EXCESS OF BIRTHS OVER DEATHS.

1893	•••••	27,236
1894	• • • • • • • • • • • • • • • • • • • •	21,245
1805		26.057

BIRTHS.—During the twelve months of the year 1895, 58,650 births were entered in the registers of the Province in about 850 municipalities which have sent us their returns. These births are divided as follows: 28,107 of the male sex, 27,154 of the female sex, and 3,389 whose sex was not stated.

Compared to that of 1894, this number gives an increase of 5,135 births.

Now, if we compare the total number of births with the total number of the population for the year 1895, we find a birth-rate of 39.30 per 1,000 inhabitants. The proverbial prolificness of the French Canadians enables them to occupy a very remarkable position in the comparisons they may be called upon to sustain with other nations for the ever great number of their births.

In counties where the population is almost exclusively French Canadian, the birth rate attains a still higher proportion. The following table gives a striking idea of this fact.

TABLE OF THE 35 COUNTIES WHOSE POPULATION IS ALMOST EXCLUSIVELY FRENCH CANADIAN—YEAR 1895.

				,	
COUNTIES.	Population.	Births.	DEATHS.	BIRTH-RATE.	DEATH-RATE.
Bagot. Beauce Beauharnois Bellechasse Berthier Chambly. Champlain Charlevoix Chicoutimi and Saguenay. Deux Montagnes Iberville Joliette Kamouraska Laprairie L'Assomption Laval. Levis L'Islet. Maskinongé Montmagny Montmorency Napierville Nicolet Portneuf Richelieu Rimouski Rouville Soulanges St. Hyacinthe St. Maurice Temiscouata Terretonne Vercheres Yamaska	21,909 39,681 16,950 18,960 19,041 12,083 30,379 8,793 39,087 14,673 10,956 22,350 18,708 10,679 13,041 9,424 25,136 13,382 17,914 14,013 12,275 9,932 29,688 24,264 21,955 33,263 15,042 9,359 21,783 11,972 25,789 23,442 12,187 15,648	860 2,073 672 843 813 458 1,395 378 1,747 581 395 949 870 452 507 390 998 570 734 601 534 337 1,307 1,075 916 1,626 565 427 910 555 1,113 1,183 542 946	388 801 414 375 382 301 678 146 898 357 170 524 368 265 343 238 576 268 458 317 274 177 657 504 411 648 303 238 547 242 557 604 369 477	39.25 52.21 39.64 44.46 42.69 37.90 45.91 42.98 44.69 39.59 36.05 42.32 38.87 41.38 39.70 42.59 41.14 43.53 43.50 33.93 44.02 44.30 41.91 48.88 37.56 45.62 41.77 46.35 43.15 51.11 44.47 60.45	15.42 20.18 24.42 19.77 20.06 24.91 22.31 16.60 22.97 24.33 15.51 23.44 19.67 24.81 26.30 25.25 22.91 20.02 25.56 22.62 22.32 17.82 22.13 20.77 18.80 19.48 20.14 25.43 25.11 20.21 21.59 26.09 30.27 30.48
	[,	l	

These 35 counties contain a population of 643,358 inhabitants, and give a birth-rate of 44 per 1,000, which is evidently a very remarkable proportion and one deserving special mention. In fact, in perusing foreign statistics we find very few countries which can stand a comparison. Hungary, Saxony, Bavaria, in a word all the Slavonic and German countries, and Italy, are considered as having the highest birth-rates in Europe, and yet their birth-rate does not exceed 40 per 1,000 of the population, which is nevertheless very remarkable.

In England in the last decade, concerning which we possess information, from 1881 to 1891 the birth rate was only 32.34 per 1,000. In Scotland for the year 1894 the rate was only 30.15 per 1,000, and in Ireland for the year 1895 it was only 23.20. The British Isles now occupy only the second place for the number of their yearly births.

In some parts of South America, and more especially in the Argentine Republic, the statistical returns published there give a very good birth-rate for the past years.

As to the United States, especially in that part of the Union called New England, the yearly returns of the statistical bureaux show a very low birth-rate, almost as low as that of France, which, of all civilized countries, has the lowest. In fact, to mention but one example, in the State of New Jersey, whose population exceeds by one hundred and fifty thousand that of the Province of Quebec (1,672,942 inhabitants), the total number of births for the year 1895 exceeded that of the deaths by 1,108 only,—that is to say, that the birth-rate there is 18.97 per 1,000 and death-rate 18.31 per 1,000 inhabitants.

Of all the counties of the Province of Quebec that of Yamuska has the highest birthrate. The same remark applies to that county for the year 1894. The number of births compared to that of the population of Yamaska gives the unusual rate of over 60 births per 1,000 inhabitants. Unfortunately emigration causes terrible ravages there as in many other counties also, for, since the census of 1891, the population, instead of increasing at the rate of 30 per 1,000 inhabitants, has decreased by nearly 2,000. (a)

Before concluding these few remarks on the births in the year 1895, we consider it very advisable to show how defective our law is respecting the registration of births, and to what extent we are badly served by it, especially when we wish to ascertain the natural increase of the Protestant population. During the year 1895, the total number of births, registered and not registered, reported to us by Protestant ministers of various denominations, was only 2,813.

Now, according to the census of 1891, there are at present about 200,000 Protestants in the Province. If we compare this number with that of their births, we find that their birth-rate is only 14.06 per 1,000, which seems far below the real figure. We must conclude that many children are born amongst Protestants whose birth cannot be ascertained, and that the parents, not being thereto compelled by law, neglect or defer giving notice of the birth of their children to the authorities.

It would be desirable to improve the law and make it binding, under penalty of a fine, upon all, no matter what religion they may belong to. Besides the fact, that this is very important from every point of view, it seems to us that it is chiefly useful in our Province where the number of births is so high that it is particularly encouraging to

⁽a) The birth-rate of the county of Yamaska being 60 per 1,000, and the death rate 30 per 1,000, the excess of births over deaths is thus 30 per 1,000 inhabitants.

note the same. There are, moreover, many other reasons of greater weight connected with the importance of perfect registration of births, and this will be alluded to in subsequent reports.

MARRIAGES.—The total number of marriages reported to the Board of Health for the year 1895 was 10,171 for the whole Province. During the year 1894, the number was 9,380; the excess of marriages in 1895 over the previous year is 791.

To ascertain the proportion of marriages compared to the number of the population, statisticians follow two methods chiefly: the first consists in ascertaining the rate per 1,000 of the population represented by the number of these marriages, which would give, in our Province, a rate of 6.81 per 1,000 inhabitants. But, as we observed in our report for 1894, this method is not very scientific, and cannot be employed in countries where the census is taken frequently. The other method, which seems to us more rational, consists in ascertaining, in the first place, the number of persons who are marriageable or in a condition suitable for contracting matrimony. For that purpose it is necessary to eliminate from the total number of the population, all children and young people under fifteen, persons already married, and those over 60 years of age. If therefore from the population in the year 1895, amounting to 1,492,099 inhabitants, taking into account the municipalities which did not send in returns, we deduct the three categories of persons above mentioned, and who number 1,181,699, we have 310,400 persons between the ages of 15 and 60 constituting the population of the age determined by law for marriage.

We have then but to compare this figure with that of the marriages, and we find that the rate of the marriages per 1,000 persons who are old enough to marry according to law, who are not already married, and who are over 60 years of age, is 32.76 per 1,000, or 327 per 10,000 inhabitants.

As a Protestant minister observed in the course of a correspondence last year, a good many persons of that religion, who reside near the frontier, cross over to the United States to get married by American clergymen who charge lower fees. This likewise reduces the number of marriages to be registered in this Province.

DEATHS.—The deaths which occurred in the Province of Quebec, and which were reported to the Board of Health, by means of death certificates during the year 1895, amounted to 31,696. During the year 1894 there were 32,250. This is therefore an improvement of 554 for the year 1895, the number of municipalities which have not sent in returns being about the same in both years. According to our calculations, we find that the death-rate for the year 1895 is 21.24 per 1,000 inhabitants of all ages and conditions.

If we compare the number of births in the year 1895 with that of the deaths for the same period, we find that there have been 26,954 more births than deaths, or, in other words, that the birth-rate has exceeded the death-rate by 18.06 per thousand.

We consider that this general result is rather satisfactory, and, in our eyes, is a proof that the work of the Board of Health of the Province and of the local boards which it has established has not been in vain.

However, in some counties, either through indifference or from ignorance of the elementary principles of hygiene, the number of deaths from diarrhœa amongst children is much higher than it should be, and the mortality due to epidemic diseases is far from decreasing in proportion to the efforts we make to stay their ravages. Thus, apart from scarlatina and measles, the rate of mortality in which has decreased by one-half during the year 1895, we are compelled to note an increased number of deaths from diphtheria, typhoid fever, pulmonary tuberculosis, and infantile diarrhœa. The following table shows the deaths caused by these diseases during the years 1894, 1895:—

	Typh. Fever.	Measles.	. Scarlet Fever.	Diphtheria.	Tuberculosis.	Diarrhœa.
Year 1894		3 6	1786	1637	2663	2791
" 1895		159	687	2243	3880	4068

Nowadays, no one has any excuse for remaining ignorant of the proper steps to be taken to prevent these diseases, that is to say: isolation of the patients; disinfection of the premises and the other hygienic conditions constituting the preventive treatment for those who are not yet attacked. Nevertheless, by means of the death certificates sent us at the beginning of each year, we are in a position to see that in some municipalities families have lost 3, 4, 5 and even 6 children from diphtheria. This terrible disease, whose ravages have diminished in intensity in all countries through the use of the anti-diphtheritic serum, still continues to claim many victims in the Province of Quebec.

In Europe the mortality amongst patients attacked by this disease does not now exceed 9 per cent., while formerly it was 54. It is true that the poor as well as the rich can benefit by the discovery of serum, for the authorities supply it gratuitously to all persons of limited means. In the Province of Quebec, more especially in the country parts, it seems as if but little benefit had as yet been derived from this useful discovery; and in spite of the fact that we have not at hand a statement of the cases of diphtheria to enable us to speak with full knowledge of the subject, there is no doubt, if we may judge by the great number of deaths caused by that disease, that serum has not been often used.

The counties which have suffered the most from diphtheria during the year 1895 are the following: Beauce, 103 deaths against 260 in 1894; Chicoutimi, 110 deaths against 59 in 1894; Two Mountains, 80 deaths against 21 in 1894; Dorchester, 39 deaths against 123 in 1894; Hochelaga, 179 deaths against 31 in 1894; Joliette, 71 deaths against 29 in 1894; Levis, 54 deaths against 71 in 1894; Ottawa, 105 deaths against 66 in 1894; Rimouski, 43 deaths against 23 in 1894; Soulanges, 37 deaths against 12 in 1894; St. Hyacinthe, 37 deaths against 29 in 1894; Temiscouata, 50 deaths against 35 in 1894; Terrebonne, 66 deaths against 51 in 1894; Verchères, 54 deaths against 26 in 1894; Yamaska, 36 deaths against 20 in 1894; finally the City of Montreal, 443 deaths against 212 in 1894.

We are convinced that if the governments or the municipal authorities were to authorize the local boards of health to supply serum gratuitously to the poor of each locality, the number of deaths from diphtheria would decrease to a very considerable extent. This would be a generous experiment, a humane, a benevolent act, and a measure which would be sure to be recognized as of public utility.

As we observed above, the number of deaths due to scarlet fever and measles during the year 1895 was much smaller in nearly all the counties except: Beauharnois, 32 deaths against 6 in 1894; Chicoutimi, 53 deaths against 5 in 1894; Ottawa, 90 deaths against 27 in 1894; and Rimouski, 20 deaths against 3 in 1894. Another most important factor of mortality is, beyon 1 contradiction, infantile diarrhea. During the year 1895, 4,068 children succumbed to this disease. This figure represents alone one-eighth of all the deaths. This disease, which may be considered as peculiar to large cities, now claims many victims amongst children in the country, and there is reason to believe that most of the hygienic precautions, calculated to make this disease less fatal, are neglected. It is so easy to procure pure milk in the country that the increase in the deaths from infantile diarrhea which now occur there must be attributed to negligence or want of cleanliness.

The ever-increasing number of deaths from tuberculosis and, above all, pulmonary tuberculosis also calls for special mention amongst the diseases in which death seeks its victims in preference. During the year 1895, 2,791 persons died of tuberculosis against 2,663 in 1894, an increase of 128 for the year 1895. Tuberculosis is now recognized as a disease, contagious to the highest degree, and the laws prescribed by hygiene against this terrible disease cannot be too carefully observed.

In the United States, people travelling on tramways are forbidden to expectorate on the floor, not as a measure of cleanliness, but to prevent the expectorations from tuberculous persons drying up and being absorbed with the other dusts of the atmosphere. This regulation, which seems at first of exaggerated severity, is, nevertheless, destined to render great services to those who offer a fertile field for the development of tuberculosis.

The following table gives interesting details respecting certain points of the statistics. The number of deaths from unknown causes is certainly too high, and the mortality amongst children is enormous.

Deaths from unknown causes.	Deaths amongst children under 1 year.	Deaths amongst children between 1 and 5 years.	Deaths amongst persons aged 70 and over.	Still-born.	premature	Children who have lived less than 24thours.
1,972.	10,017.	5,220.	1,192.	1,165.	757-	373∙

In concluding these few pages of examination and analysis on the demographic movement of the Province during the year 1896, we tender our hearty thanks to clergy-men for the assistance they have given us by supplying the information on which our calculations have been based. And we hope that they will continue, as in the past, to send us the documents we require, to enable us to provide reports more and more interesting and complete for public appreciation. It is by means of the information we receive from them that we can show to other countries the degree of vitality possessed by our people in Canada.

Moreover, this information shows the sanitary authorities the duties they have to perform, when, for one reason or another, there is a sudden increase in the number of deaths in a municipality or county. The death-rates also show immigrants whether the efforts we make to ward off contagious diseases are of a nature to offer them the hygienic and sanitary guarantees they have a right to expect from the authorities of the country where they wish to settle. It is quite probable that before settling in a province like ours, they consult the annual bulletins relating to the death-rate or other demographic questions which form the object of our labors.

We publish hereafter the nomenclature followed in compiling our statistical tables.

L. J. H. ROY,.

Recorder of Vital Statistics.

MONTREAL, 2nd July, 1896.

Nomenclature of Causes of Death.

(This nomenclature is the one proposed by Dr. Jacques Bertillon, of Paris, very slightly modified, however, to meet the wants of our Province.)

I. GENERAL DISEASES.

Typhoid fever.
Typhus fever.
Scurvy.
Small-pox.
Measles.
Scarlet fever.
Whooping cough.
Diphtheria or croup.
Influenza.
Miliary fever.
Asiatic cholera.
Cholera nostras. Other epidemic diseases { A. Mumps. B. Others. Purulent and septicæmic infection. Purulent and septicemic in Erysipelas.
Anthrax.
Glanders and farcy.
Hydrophobia.
Cerebro-spinal meningitis.
Recurrent fever. Intermittent fever. Marsh fever. Tuberculosis

A. of the lungs.
B. of the meninges.
C. of the peritoneum.
D. of the skin.
E. of other organs.
F. general.

Scrofula.

Syphilis.

A. of the mouth.
B. of the stomach or liver.
C. of the intestines, or rectum.
D. of the male genital organs.
E. of the the breast.
F. of the skin.
G. of others parts.

Rheumatism.

Gout. Diabetes Exophthalmic goitre.

Addison's disease. Leucæmia Leucæmia
Anæmia, chlorosis.
Other general diseases.
Alcoholism (acute or chronic).
Lead poisoning.
Other chronic poisonings due to occupations.
Other chronic poisonings.

II. DISTASES OF THE NERVOUS SYSTEM.

Encephalitis.
Simple meningitis,
Progressive locomotor ataxia and myelitis.
Progressive muscular atrophy.
Congestion and cerebral hemorrhage.
Softening of the brain.
Paralysis without known cause. General paralysis.
Other forms of mental alienation. Epilepsy.
Eclampsia (not puerperal).
Infantile convulsions. Tetanus. Chorea.
Other diseases of the nervous system.

III. DISEASES OF THE CIRCULATORY ORGANS.

Pericarditis. Endocarditis. Organic diseases of the heart. Angina pectoris.
Diseases of the arteries, atheroma, aneurism, etc. Diseases of the arteries, atheroma, aneur Embolism. Varices, varicose ulcers, hemorrhoids. Phlebitis and other diseases of the veins. Diseases of the lymphatic system. Hemorrhages Other diseases of the circulatory system.

NOMENCLATURE OF CAUSES OF DEATH .- Continued.

IV. DISEASES OF THE RESPIRATORY ORGANS.

Diseases of the nasal fossæ.
Diseases of the larynx and of the thyroid gland.
Acute bronchitis.
Chronic bronchitis. Chronic bronchitis.
Broncho-pneumonia.
Pneumonia.
Pleurisy.
Congestion and pulmonary apoplexy.
Gangrene of the lung.
Asthma and pulmonary emphysema.
Other diseases of the respiratory organs (except phthisis).

V. DISEASES OF THE DIGESTIVE ORGANS.

Diseases of the mouth, pharyux and cophagus. Ulcer of the stomach.

Other diseases of the stomach (cancer excepted)

Diarrhee and gastro-enteritis. Dysentery.
Intestinal parasites.
Hernia, intestinal obstructions.
Other diseases of the intestine. Icterus.
Hydatid tumor of the liver.
Cirrhosis of the liver.
Biliary calculi.
Other diseases of the liver.
Inflammatory peritonitis (puerperal excepted).
Other diseases of the digestive organs (cancer and tubercular diseases excepted).
Abscess of the iliac fossa. Icterus.

VI. DISEASES OF THE GENITO-URINARY ORGANS AND

Acute nephritis. Bright's disease. Perinephritis, and perinephritic abscess. Renal calculus. Other diseases of the kidneys and adnexa. Vesical calculus.
Diseases of the bladder.
Uræmia, without known cause. Diseases of the male genital organs. Pelvic abscess. Metritis. Metritis.
Uterine hemorrhage (not puerperal).
Non-cancerous tumors of uterus.
Other diseases of uterus.
Cysts and other tumors of the ovary.
Other diseases of the female genital organs.

VII. PUERPERAL DISEASES.

Accidents of pregnancy.
Puerperal hemorrhage.
Other accidents of delivery.

(A. Puerperal septicæ Puerperal septicæmia, mia. B. Puerperal phlebitis. Puerperal metroperitonitis.
Puerperal albuminuria and eclampsia.
Puerperal albuminuria and eclampsia.
Puerperal phlegmasia alba dolens.
Other puerperal accidents (sudden death).
Puerperal diseases of the breast.

VIII. DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.

Gangrene.
Phlegmon, acute abscess.
Other diseases of the skin and its adnexa (cancer excepted).

IX. DISEASES OF THE ORGANS OF LOCOMOTION. Pott's disease. Chronic or cold abscess.
Other diseases of the bones. White swellings. Other diseases of the joints. A. Arthritis-Other diseases of the organs of locomotion.

X. MALFORMATION.

Malformation.

XI. STILL-BORN AND INFANTILE DISEASES.

Still-born, at term. Congenital debility.

A. Due to premature birth.
B. At term, lived less than
24 hours.
C. Others (including

athrepsis, etc.)

Icterus and sclerema. Neglect

Other diseases of infancy (including teething).

XII. OLD AGE.

Senile debility.

XIII. DEATHS DUE TO EXTERNAL CAUSES.

Suicide or attempt of suicide.

A. by poison.
B. by asphyxia.
C. by strangulation
D. by drowning.
E. by firearms.
F. by cutting instruments
G. others.

NOMENCLATURE OF CAUSES OF DEATH-Continued.

Homicide.
Fractures.
Other accidental wounds.
Burns, { A by fire.
B. by corrosive substances.
Sunstroke and freezing.
Accidental drowning.
Starved and overworked.
Inhalation of poisonous gases (suicide excepted).
Other accidental poisons.
Other violent deaths.

XIV. ILL-DEFINED DISKASES.

Exhaustion, cachexia.
Fever.
Dropsy.
Asphyxia, cyanosis.
Sudden death.
Tumors.
Ulcers.
Syncope.
Chirurgical operations.
Unknown or unspecified diseases.

ANNEX A.

Summary of the Vital Statistics

FOR THE YEAR 1895

ANNEX A.

SUMMARY OF THE VITAL

	Population	MAF	RIAGES.	BI	RTHS.	D)	EATHS.
COUNTY.	ın 1895	Total	Marriage- rate among marriage- able per- sons. (a)	Total.	Rate per 1000 of population	Total.	Rate per 1000 of population
Argenteuil	13.410	65		387	28.85	125	. 9.32
Bagot	21,909 39,681 16,950	138 336 130	The rate	860 2,073 672	39.25 52.21 39.64	388 801 414	15.43 20.18 24.42
Bellechasse	19,041	155 145 87 62	e has be	843 813 537 341	44.46 42.69 34.52 23.91	375 382 214 148	19.77 20.06 13.75 10.38
Chambly	30,379	72 225 164	has been made out for the whole province only (See next page	458 1,395 378	37.90 45.91 42.98	301 678 146	24 91 22.31 16.60
Chateauguay Chicoutimi & Saguenay Compton	13,645	79 298 110	out for	516 1,747 628	37.81 44.69 32.45	188 898 191	13.77 22.97 9.87
Deux-Montagnes Dorchester	19,086	96 128	the who	581 832	39·59 43·59	357 345	24.33 18.07
baska	45.553	257	le pro	1,699 803	37.31	702	15.41
Hochelaga	57,053	127	vince	1,989	34.86	177	29.98
Huntingdon Iberville	13,896	93	only (331 395	23.81 36.05	145	15.51
Jacques-Cartier Joliette	14,517	92	See nes	603 949	41.53 42.46	383 524	26.38
Kamouraska	18,708	122	d pag	870	46.50	368	19.67
Laprairie L'Assomption Laval Lévis L'Islet	13,041	96 94 60 188 72	e)	452 507 390 998 570	42.32 38.87 41.38 39.70 42.59	265 343 238 576 268	24.81 26.30 25.25 22.91 20.02
Lotbinière Maskinongé	20,617	161	:	821 734	39.82	447 458	21.68
Megantic	23,762 18,902 11,792	125		800 490 516	33.66 25.92 43.75	377 184 246	15.86 10.15 20.86
Montmagny Montmorency		73 82		601 534	43.53 43.50	317 274	22.62 22.32

⁽a) The marriage-rate has been calculated from the number of marriageable persons (persons between 15 and 60 years of age and not already married) and not from the total population without taking age and civil condition into consideration.

ANNEX A. STATISTICS FOR THE YEAR 1895.

	Population	MAR	IAGES.	BIR	THS.	וס	EATHS.
COUNTY	in 1895	Total	Marriage- rate among marriage- able per- sons. (a)	Total.	Rate per 1000 of population	Total.	Rate per
Napierville	9,932 29,688	59 248		337 1,307	33.93 44.02	177 657	17.82 22.13
Ottawa county	55,854	376		2,250	40.28	1,115	19.96
Pontiac Portneuf	20,522 24,264	137	The	734 1,075	35.76 44.30	226 504	11.01 20.77
Quebec county	19,200	118	rate has	761	39.63	487	25.36
Richelieu	33.753	156 189 247 98	has been	916 1,274 1,626 565	41.91 37.74 48.88 37.56	411 471 648 303	18.80 13.95 19.48 20.14
Shefford	16,396 9,359 19,253 21,783 12,289	179 89 84 103 160 72 89	been made out of the whole province only.	951 382 427 446 910 443 555	40.84 23.29 45.62 23.16 41.77 36.04 46.35	331 279 238 183 547 165 242	14.21 17.01 25.43 9.50 25.11 13.42 20.21
Témiscouata Terrebonne Vaudreuil	25,789 23,142 9,015	165 189 62	vhole provinc	1,113 1,183	43.15 51.11 43.36	557 604 165	21.59 26.09 18.30
Verchères Wolfe (vide Richmond	12,187	74	e on	542	44.47	369	30.27
Yamaska	15,648	173	<u>Ā</u>	946	60.45	477	30.48
Three-Rivers, city	8,644	53	d	353	40.93	248	28.69
Quebec, city	63,366	394		2,454	38,72	1,457	22.99
Montreal, city	253,418	1,534		8.596	33,92	6,711	26.48
For the Province	1,492,099	10,171	32.76 (a)	58,650 (b)	39.30	31,696	21,24

⁽a) The marriage rate has been calculated from the number of marriageable persons (persons between 15 and 60 years of age and not already married) and not from the total population without taking age and civil condition into consideration

(b) These births are divided as follows 28,707 males. 27,154 females and 3,389 whose sex has not been given.



DEATHS DURING THE YEAR 1895

DIVIDED

BY CAUSES OF DEATH, AGES, SEXES, NATIONALITIES AND MONTHS.

The complete nomenclature will be found following the report of the Recorder of Vital Statistics. In these tables we omit reproducing titles opposite which no deaths have been recorded during the year.

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DEATHS OF 1895.—COUNTY OF ARTHABASKA.—Continued.

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ANNEX B.

DEATHS	CAUSE OF DEATH.	Acute br anchitis Chronic bronchitis Broncho-pneumona Pneumonia Pleurisy Pulmonary congest: and pailm. apaplexy Diseases of the stomach (not speci- field) Diarrhea and enteritis Diarrhea and enteritis Circhosis of the liver Circhosis of the liver Other diseases of the liver Diseases of the bladder Ovarian cysis and other tumors of ovary Puerperal septicemia Puerperal septicemia Puerperal septicemia Cancer excepted) Still-born at term Congential Lived less than twenty-four debility hours.	of inf
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Typhoid fever. Measles	77 4 6 5 2	5 12	2 3 3 3 1
Scarlet fever. Whooping cough.	1 0 81	11 00	
Diphtheria and croup	103 84934 1 1	35 68	103 27 16 16 12 8 10 4 8 2
Purulent and septicemic infection		, e1 -	
Malignant pustule and anthrax	20 20 20 20 20 20 20 20 20 20 20 20 20 2		2 6 6 7 2 0 2 1 2 7 2 10
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general	- 17	N	3
Cancer of the stomach or liver	- NI	2	
of the incestine or rectum		1 1	
Kheumatism	F Control of the cont	1	1
Anemia, chlorosisAlcoholism	2 - 2 -	+	5
Encephalitis		er e	
Hydrocephalitis Congestion and cerebral hemorrhage		33.	7.00
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Tetanus Other diseases of the nervous system	20, 5, 2, 1	15	20 3 3 2 2 1 1 2 3 1 1 1

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Conge- Due to premature birth 9 1 1 1 1 1 1 1 1 1	Typhoid fever Measles Scalet fever Whooping cough Diphtheria and croup Influenza Purulent infection and septicæmia Erysipelas. Tuberculosis of the lungs of the meninges of the mouth of the breast. of the breast. Anæmia, chlorosis. Alcoholism Erophalitis

ANNEX B.

DEATHS OF 1895.—COUNTY OF BEAUHARNOIS—Continued.

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Simple meningitis. Hydrocephalus Congestion and cerebral hemorrhage. Paralysis without known cause Menial alineation Epilepsy Menial alineation Epilepsy Menial alineation Epilepsy Menial alineation Epilepsy Menial parasites Other diseases of the nervous system. Pericarditis. Organic diseases of the heart Diseases of the artheries, atheroma, aneurism, etc. Embolism Hemorrhages. Acute bronchitis Broncho-pneumonia Pleurisy. Pulmonary congest, and pulm, apoplexy Diseases of the mouth and its adnexa of the stomach (not specified) Diseases of the stomach (not specified) Diseatery. Diseases of be mouth and its adnexa and entertitis Diseases of the beart and pulm, apoplexy plices and entertitis Diseases of the stomach (not specified) Diseatery. Hernia, intestinal parasites.	72 47 0 21 25 0 2 π - 2 2 2 - 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2		

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ANNEX B.

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ERRATA.

Annex B., Folio 17, seventh line should read "Still born at term"; eighth ine should read "Due to premature birth" instead of death.

Annex B., Folio 26, third line should read "Due to premature birth" instead of death.

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TOTAL	844444446000-844-114-04-84
CAUSE OF DEATH.	Tuberculosis (of the lungs. Cancer (not specified). Rheumatism. Encephalitis. Simple meningitis. Congestion and cerebral hemorrhage. Softeung of the brain. Paralysis without known cause. Infantile convulsions. Other diseases of the heart. Angiana pectoris Hemorrhage Acute bronchitis. Broncho-pneumonia. Pleurisy. Pulmonary congest. and pulm. apoplexy Asthma and pulmonary emphysema. Disease of the stomach (not specified). Disrance and enteritis. Dysentery. Herna, and intestinal obstructions. Other diseases of the liver. Cirrhosis of the liver. Other diseases of the liver.

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DEATHS O			CAUSE OF DEATH.	Cancer of the stomach or liver	Rheumatism	Diabetes Anamia, chlorosis	Other general diseases	88 Simple meningitis		General paralysis	EpilepsyInfantile convulsions	Other diseases of the nervous system . 4 Endocarditis	• ≃	of thy		Pneumonia Asthma and pulmonary emphysema 3	ans	Diseases of the mouth and its ad-

Diseases of the stomach (not specified). Diarrhoea and enteritis. Hernia and intestinal obstructions. Other diseases of the intestines. Icterus. Other diseases of the liver. Inflam. peritonitis (ouerperal excepted). Diseases of the bladder. Uterine, without known cause. Uterine, hemorrhage (not puer peral).	4 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7			<u> </u>		ωδ4		460-2000				. 7	-9:::::::::::::::::::::::::::::::::::::	<u>-5 : : - : - : : : : : : : : : : : : : :</u>		· m · · = · · · · · · · ·	: " - : : : : : : : : : : : : : : : : :
Puerperal septicæmia. Puerperal metro-peritonitis. Disease of the skin and its adnexa (cancer excepted). Still-born at term. Congenital Lived léss than twenty four	w4 - 54 1		 -: : : : : : : : : : : : : : : : : : :			· · · · · · · · · · · · · · · · · · ·		ω4 - 11 4 1		(1	<u> </u>			· · · · · · · · · · · · · · · · · · ·	<u> </u>		
debility nours. Diseases of infancy. E Senile debility Suicide: — By strangulation. Accidental drowning. Exhaustion, cachexia. Fever (not specified). Ulcers. Unknown and unspecified diseases.	7	· 4 w · · · · · · · · · · · ·		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		ν= α ω = - · α = · · α	202:22:	7.74 6.1 - 1 - 6.9 9.9 9		10.1	A 70 H	<u> </u>	· · · · · · · · · · · · · · · · · · ·	- m - N : : : : : : : : : : : : : : : : : :	· · · · · · · · · · · · · · · · · · ·	6	
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MONTHS		December November September July

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•	DEATHS OF 1895.—COUNTY OF BROME.	
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Simple meningitis		1
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Epilepsy		
Other diseases of the nervous system	2 1 1	2 1
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ANNEX B.

Less Municipalities of Roberval Village and Roberval Parish, for which returns are incomplete, and the Municipality of Delisle, for which no returns were received. DEATHS OF 1895.—COUNTY OF CHICOUTIMI.

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Less Municipalities of Auckland, Clifton East, Hereford, Marston and Whitton, for which no returns were received. DEATHS OF 1895 —COUNTY OF COMPTON.

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	CAUSE OF DEATH.	Rheumatism. Diabetes. Encephalitis. Congestion and cerebral hemorrhage. Paralysis without known cause. General paralysis General paralysis General paralysis Fpilepsy Infantile conulsions. Other diseases of the nervous system Organic diseases of the heart Angina pectoris Hemorrhages. Pheumonia Pleurisy Congestion and pulritonary apoplexy. Diseases of the stomach (not specified). Diarrhoca and enteritis. Diseases of the liver (not specified). Diseases of the liver (not specified). Diseases of the kidneys and adnexa. Diseases of the kidneys and adnexa. Accidents of delivery. Puerperal metroperitonitis.
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Exophtalmic goitre Anaemia, chloros:s. Other general disrases Professional intoxication due to pro- fession. Encephalitis. Simple meningitis.	71 42 1 48 83 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	· · · · · · · · · · · · · · · · · · ·		<u>::</u>	- · · · - · · - · · · - · · · · · · · ·	- : : : : : : : : : : : : : : : : : : :		: :			2 : E2 147 2				:-:::::::::::::::::::::::::::::::::::		4 : π :		910		• • • • • • • • • • • • • • • • • • • •		::::::::::::::::::::::::::::::::::::::	
Progressive locomotor ataxia, myelitis. Congestion and cerebral hemorrhage. Softening of the brain. Paralysis without known cause. General paralysis. Other forms of mental alienation.	22 28 19 19 19 19 19 19 19 19 19 19 19 19 19	t : N : : :			–			: :			4 4 2 5 5 5 5	: : -	4 · 4 4 0		: 4 : 0 n w		: 10 : 10 - 1	: m : m= n	<u> </u>	· · · · · · · · · · · ·	. 4		: : = : : 4 N	
Epilepsy Infantile convulsions. Other diseases of the nervous system. Pencarditis Endocarditis Organic diseases of the heart Angina pectoris.	204 241 200	33.	.010	ω : : : 4 H	O (4 .	<u></u>		:		: : : : : : :	2 6 4 4 4 4 6 6 6 -	: :			<u></u>		WV: H: 4:	<u>4 </u>	2 1 2 4 6 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	H 4 · · H 0 · F	<u> </u>	: 4 : : :	mm : : :0 :	
Embolism Hemorrhages Diseases of larynx or of thyroid gland. Acute bronchitis Chronic bronchitis Broncho-pneumonia Pneumonia Pleurisy Congestion and pulmonary apoplexy Asthma and pulmonary emphysema.	11 E 2 5 2 2 2 4	15 24 1 2 3 1 1 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7		: : - :	3 2 2 3 13	: . : 7 28 411 8 2 8 6			11108440014		· · · · · · · · · · · · · · · · · · ·		: -: 2 m - m 2 : - :		· · · · · · · · · · · · · · · · · · ·			- · - · - · - · - ·	· · · · · · · · · · · · · · · · · · ·		- 10 : 0 - 0 : nn	

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DEATHS		CAUSE OF DEATH.	Diseases of the respiratory organs (except phthisis) Diseases of the mouth and its adnexa. Diseases of the mouth and its adnexa. Diseases of the stomach (not specified) Distributed and enteritis. Diseases of the stomach (not specified) Diseases of the liver (not specified) Diseases of the liver (not specified) Inflamm. peritonitis (puerperal except ed.) Acute nephritis. Bright's disease. Other diseases of the bladder. Uraemia, without know cause. Diseases of the male genitalorgans. Non cancerous tumors of uterus. Cysts and other tumors of the ovary. Accidents of pregnancy. Puerperal hemorrhage. Other accidents of delivery. Puerperal metroperitonitis. Albumnuria and puerperal eclampsia. Other puerperal accidents. Gangrene.

DEATHS OF 1895—COUNTY OF HUNTINGDON.—Continued.

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		CAUSE OF DEATH.	Simple meningitis

Accidental wounds Accidental drowning Dropsy Unknown or unspecified diseases	2 1 1 8 2 4 1 1 5 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 3 3
DE	DEATHS OF 1895.—COUNTY OF	OF IBERVILLE.
Areasles Scarlet fever Whooping cough Diphtheria and croup Influenza Anthrax Anthrax Cerebro-spinal meningitis Of the lungs Tuberculosis of the meninges Of the stomach or liver Cancer of the stomach or liver Conceptalitis Simple meningitis Hydrocephalitis Simple meningitis Hydrocephalitis Congestion and cerebral henorrhage Paralysis, without known cause Other diseases of the nervous system Pericarditis Organic diseases of the heart Hemorrhages Acute bronchtis Pleurisy Diseases of the stomach (not specified) Diseases of the liver (not specified)	20	2

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		CAUSE OF DEATH.	Inflam. peritonitis (puerperal excepted) Bright's diseases Other diseases of kidneys and adnexa. Puerperal accidents Diseases of the skin and its adnexa (cancer excepted) Still born at term Congenital Lived less than twenty-four debility Accidental wounds Event (not specified) Dropsy Ulcers Syncope	

IS OF 1895.—COUNTY OF JACQUES-CARTIER.	25
DEATHS	Typhoid fever Measles. Scarlet fever Whooping cough Diphtheria and croup Purulent and septicæmic infection. Erysipelas Of the lungs. Of the meninges of other organs Simple meningitis Hydrocephalus Congestion and cerebral hemorrhage Softening of the brain. Paralysis without known cause General paralysis Infantile convulsions. Other diseases of the nervous system Pericarditis Organic diseases of the heart Embolism. Diseases of larynx or of thyroid gland. Acute bronchitis Broncho-pneumonia. Pleurisy Congestion and pullmonary apoplexy. Other diseases of the mouth and its ad nexa. Diseases of the mouth and its ad nexa. Diseases of the stomach (not specified).

ANNEX B.

DEATHS OF 1895—COUNTY OF JACQUES-CARTIER.—Continued.

DEATHS OF 1895.—COUNTY OF JOLIETTE.

Less the municipality of Ste-Emelie de l'Energie, for which returns are incomplete.

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Typhoid fever	9 5 3			
Whooping cough				·'n
Lightneria and Croup	12 1 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1 1 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Frysipelas	1 1 1 1	1 3 ::	4	-
(of the lungs	41 1 3 17 15 3 2	13 28	40 1 4	5 3 6 2 2 6 3 1 2 2 5
of the meninges				
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or other organs	N ==	: :		
of the stomach, or liver	2 2 2	4		2
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Diabetes		-		
Anaemia, chlorosis	4 · · · · · · · · · · · · · · · · · · ·	 	: : : : : : : : : : : : : : : : : : : :	
Encephalitis	2 2 2			
Simple meningitis	6 2 2 1 1			
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Congestion and cerebral hemorrhage	6 1 1			I I 2 I
Paralysis without known cause	15 2 3 10	o		2 1 2 3 1 5 1
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Other forms of mental anenation		-		
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Other diseases of the nervous system.	3	3	3	
Pericarditis	: : : : : : : : : : : : : : : : : : : :	-		
Organic diseases of the heart	13 I 3 2 3 4	4 9 :		1 1 2 1 1 1 1 3
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Diseases of the larynx and thylologiano	6 1 2 3		6	2
Chronic bronchitis				
Broncho-pneumonia.				
Pneumonia	18 1 3 5 4 2 3	5 13		1 3 3 1 2 1 5 1
Pleurisy				
Asthma and milmonary emphysema				
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CAUSE OF DEATH.	TOTAL	1 01 0	5 01 1	51015	12 10 25	25 to 45	09 01 57	04 01 09	70 and over	n.	M.	124	n.	French	Canadians	Speaking	O:hers	Strangers	Unknown	January	February	March	InqA	May] nuc	July	1suguA	September	October	November
Diarrhea and gastro-enteritis	78	63	3 10	- 0	. :			1	61	14.50	36	42			- 84		1	:			-	- 14	4		00	15	5 16	6 17	12	
Hernia, intestinal obstructions Other dis. of the intestine (not specified)		1.14	: :		: :		: :	: :	: :	11					: :	: :	: :	1:				0.0			-:-	-	-		-	
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Other diseases of the liver (not specified)	-	:	1	-	1	-		÷	:	;	-	:		14	:	:	:	1		i			-	-	-1-	-				1
Inflam. peritonitis (puerperal excepted). Diseases of the bladder.	CI CI	: :			: :	: :	: :	: :	- 11	: :		: :			: :	: "	: :	: :	: :	:					-	-	-:			:
Diseases of the male genital organs	-	_	-	-	:		:	:		:		:	-	_	:	1	:	:	:		:		:		-	:-			:	
Non-cancerous tumor of the uterus	-	1			: :		: -	: :	: :	: :		:			: :	: :	: :		:	. :									-	:
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Erysipelas. Tuberculosis of the lungs Tuberculosis of the meninges Scrofula of the stomach, or liver. Cancer of the breast of other parts. Rheumatism. Anemia, chlorosis. Encephalitis Simple meningitis Hydrocephalus Congestion and cerebral hemorrhage. Softening of the brain. Paralysis without known cause. Epilepsy Epilepsy Epilepsy Conganic diseases of the nervous system. Organic diseases of the heart Phlebitis and other diseases of the venns Hemorrhages.	25 2 3 3 3 5 5 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3

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		CAUSE OF DEATH.	Diseases of larynx and thyroid gland. Acute bronchitis Chronic bronchitis Bryncho-pneumonia Paeumonia Other diseases of the respiratory system Other diseases of the stomach (not specified) Diseases of the intestine (not specified) Cirrhosis of the liver Other diseases of the liver Other diseases of the liver Diseases of the bladder Diseases of the uterus Accidents of delivery Puerperal metroperitonits Still-born, at term Congenital Lived less than twent-four debility Others
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ANNEX B.

	DEATHS OF 1895.—COUNTY OF	LAVAL.
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Diphtheria and croup	14 3 4 7 9 5	14 2 1 1 2 1 1 2 4
Influenza		
Cerebro-spinal meningitis		
of the lungs	25 2 3 6 12 1 1 7 18	25 2 3 2 3 2 3 3 1 2 2 2
Tuberculosis of the meninges		
general		
Cancer of the stomach or liver		
Rheumatism	4	2
Diabetes		
g Anæmia, chlorosis		
Encephalitis	5 4 1 3 2	5
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Paralysis, without known cause	5.6	6
Organic diseases of the heart	10 1 4 2 1 4 6	9 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Hemorrages	2 1 1 1	
Acute bronchitis	2 1 1 2	2
Chronic-bronchitis	2. 1	2
Pneumonia	14 4 2 1 2 5 4 10	14.
Pleurisy.		
Congestion and pulmonary apoplexy Asthma and pulmonary emphysema.	4 2 1 4	7
Other diseases of the stomach (not spe-		
Diarrhoe and gastro-enteritis)	20 18 2 10 10	20 2 1 1 3 5 3 3 2
Diseases of the liver (not specified)	3 2 3	
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-COUNTY OF LAVAL.—Continued.	SEX NATIONALITY	Canadians English Character Canadians Canadia	1	2 2 3 1 1 2 1 2 1 3 2 1 1 1 2 1 3 3 1 1 1 1
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Cancer of the iungs. Tuberculosis of the breast Scrofula Of the stomach, or liver. Of the intestines, or rectum of the breast	parts ejoral hemorrhage ain .nown cause	Epilepsy Infantile convulsions Other diseases of the nervous system Organic diseases of the heart Diseases of the arteries, aneurism, etc. Hemorrhage Acute bronchitis Chromic bronchitis Broncho-pneumonia Pleurisy Congestion and pulmonary apoplexy Asthma and pulmonary apoplexy Other disease of the reguire system	h (not specified) eritis ctions r (not specified) real excepted).

ANNEX B.

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Hemorrhages Diseases of larynx and thyroid gland	7- 61		: - -	::	-: -:		`:-'		::	. : : (⁻ 1	-:-	<u></u> - : -	::	: : -	<u>.</u>	: :-	÷	: : '	`::` -		<u> </u>
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Congestion and pulmonary apoplexy	<u></u>		• • • • • • • • • • • • • • • • • • •	: : : : : :	: <u></u> :		n		· · : : :				: : :			: -	- :				. .
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	CAUSE OF DEATH,	Accidental drowning. Exhaustion, cachexia. Fever (not specified). Duropsy. Tumors. Syncope. Unknown or unspecified diseases	īd	Typhoid fever Measles Scarlet fever Diphtheria and Croup Influenza Purulent and septicæmic infection Malignart pushel and anthrax Cerebro-spinal meningitis Tuberculosis of the lnngs Scrofula of the intestines, or liver of the intestines, or rectum of the intestines, or rectum of the rearts
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Scrofula Of the stomach or liver Cancer of the intestines or rectum. Of other parts. Rheumatism. Diabetes. Exophtalmic goitre. Other general diseases (not specified). Encephalitis. Simple meningitis. Congestion and cerebral hemorrhage. Softening of the brain. Paralysis without known cause. Mental alienation. Epilepsy. Infantile convulsions. Other diseases of the heart.	<u> </u>	н			::::::::::::::::::::::::::::::::::::::	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9			 	
Hemorrhages. Diseases of larynx or of thyroid gland Acute bronchitis. Chronic bronchitis. Broncho-pneumonia Pleurisy. Congestion and pulmonary apoplexy. Asthma and pulmonary emphysema. Other diseases of the respiratory system (phthists excepted). Ulcer of the stomach. Other diseases of stomach (not specified). Diarrhea and gastro-enteritis. Dysentery. Hernia, intestinal obstructions. Other diseases of intest. (not specified). Cirrhosis of the liver Inflam. peritonitis (puerperal excepted). Bright's disease. Diseases of the bladder Diseases of the male genital organs. Pelvic abscess.	$\frac{2000045000 - 1 - \sqrt{400 - 1 - 1 - 1}}{1 - 1 - 10 - 10}$		д.н	 	::::::::::::::::::::::::::::::::::::::	90 WW 40 0 W H H P 40 0 H H P 10 H H		HH 7H		

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ANNEX B.

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CAUSE OF DEATH.		Accidental drowning. Inhalation of poisonous gases (suicide excepted). Other accidental poisoning. Violent deaths. Exhaustion, cachexia Eyever (not specified) Dropsy. Asphyxia, cyanosis Sudden death Tumors. Ulcers. Syncope. Unknown or unspecified diseases

ANNEX B.

Typhoid fever Measles Scarlet fever Whooping cough Purulent and Group Purulent and septicemic infection Of the lungs Of the meninges of the mouth Cancer of the mouth Diabetes Addison's disease Simple meningtis Congestion and cerebral hemorrhage Endocarditis Chronic bronchitis Chronic bro	Gangrene
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C. 1.1 E. DEATHS OF 1895.—COUNTY OF OTTAWA (City of Hull included).

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Other diseases of the nervous system.
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Chronic bronchitis...

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	CAUSE OF DEATH.	Hemorrhages Diseases of larynx or the thyroid gland Acute bronchitis Chronic bronchitis Broncho-pneumonia Pheurisy Congestion and rulmonary apoplexy Pleurisy Congestion and rulmonary emphysema Other diseases of the respiratory organs (phthisis excepted). Diseases of the mouth and its adnexa. Other diseases of the stomach Other diseases of the stomach Other diseases of the stomach Other diseases of the principle of the stomach Other diseases of the upon specified). Distributes and gastro-enteritis Diseases of the liver (not specified). Inflammatory peritonitis (pnerperal excepted) Diseases of the uterus Diseases of the uterus Diseases of the uterus Cepted disease Diseases of the uterus Diseases of the uterus Cepted disease Diseases of the uterus Cepted disease Diseases of the uterus

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		CAUSE OF DEATH.	Suicide by strangulation	DEATHS OF 1895.—COUNTY OF VAUDREUIL. Less the municipality of Ste-Justine de Newton, from which no returns were received	Scarlet fever Whooping cough Diphtheria and croup Influenza. Tuberculosis { of the lungs. Cancer { of the breast. Hydrocephalus Congestion and cerebral hemorrhage. Softening of the brain Paralysis without known cause Infantile convulsions. Organic diseases of the heart.

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CAUSE OF DEATH.			Erysipelas. Cof the lungs Cuberculosis of the peritoneum Syphilis Cof the mouth Cancer of the intestines or rectum Cof other parts Cof other parts Encephalitis Congestion and cerebral hemorrhage. Paralysis without known cause Epilepsy Infantile convulsions Other diseases of the nervous system Other diseases of the heart. Angina pectoris Arcute bronchitis. Erroncho-pneumonia Pleurisy Congestion and pulmonary apoplexy Chendonia Pleurisy Congestion and pulmonary apoplexy Other diseases of the respiratory system Other diseases of the mouth and its adnexa.
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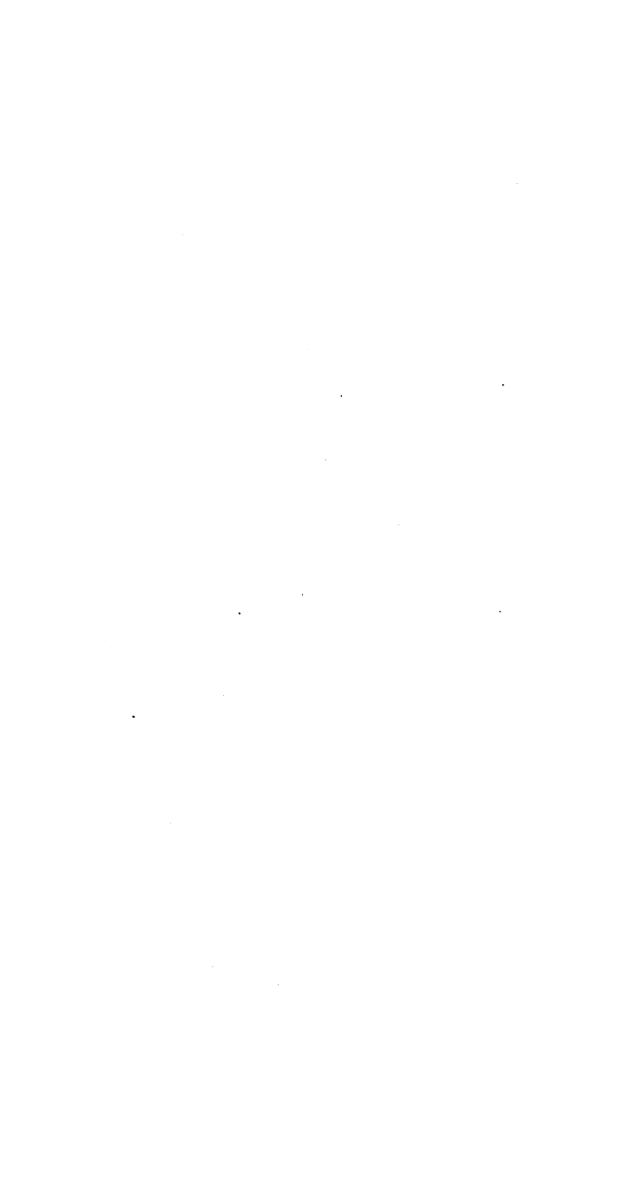
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DEATHS			CAUSE OF DEATH.	Rheumatism. Diabetes. Diabetes. Encephalitis Simple meningitis. Hydrocephalitis Simple meningitis. Hydrocephalitis Epilepsy Epilepsy Eclampsia (non puerperal) Infantile convulsions. Tectanus Organic diseases of the nervous system. Organic diseases of the heart Hemorrhages. Diseases of larrynx or of thyroid gland. Acute bronchitis. Chronic bronchitis. Chronic bronchitis. Chronic bronchitis. Chronic bronchitis. Chronic bronchitis. Diseases of the stomach (not specified). Infam. peritonitis (puerperal excepted).

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ANNEX C.

DEATHS

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CITIES HAVING A POPULATION OF OVER 5.000 INHABITANTS

DIVIDED

BY CAUSES OF DEATH, AGES, SEXES, NATIONALITIES AND MONTHS.

DURING THE YEAR 1895.

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Diseases of the larynx or of the thyroid gland. Chronic bronchitis Chronic bronchitis Events bronchitis Freumonia Asthma and pulmonary emphysema Asthma and pulmonary emphysema Diseases of the stomach (not specified) Diseases of the stomach (not specified) Diseases of the liver Inflammatory pertonitis (puerperal excepted) Bright's diseases of the liver Uremia without known cause. Diseases of the bladder Uremia without known cause. Diseases of the bones (not specified) Puerperal metroperitonitis. Puerperal metroperitonitis Puerperal albuminuria and eclampsia Gaugrene Diseases of the bones (not specified) Biseases of the bones (not specified) Sull-born, at term Congen- (Duers and the bitth Ital Lived less han 24 hours Jaundice and sclerema Colher diseases of the infancy Still-born, at condexia Colher diseases of the infancy Still-born, at condexia Exhaustion, cachexia Exhaustion, cachexia Syncope Unkno an or unspecified diseases	
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	CAUSE OF DEATH.	Other diseases of the respiratory system (phthisis excepted) Disrrhoea and entertitis. Dysentery Diseases of the intestines Diseases of the liver (not specified) Inflammatory peritonitis (puerperal excepted) Acute nephritis Non-cancerous tumors of the ovaries. Accidents of pregnancy Puerperal metroperitoritis Gangrene Diseases of the skin and its adnexa (cancer excepted) Malformation Still born Orage (Due to permature birth nink Lived less than 24 hours nink Lived less than 24 hours Diseases of infancy Simils debility Unknown or unspecified diseases

	(ANNEX C.)
SHERBROOKE	
(COUNTY OF	211.00 872 S
Y OF SHERBROOKE (COUNTY	
DEATHS OF 1895.—CITY	rer cough. and Oroup. and Septicæmic infection. and Beningtis. (of the lungs. (of the lungs. (of the peritoneum. (of the periton
	Typhoid fever Measles. Whooping cough Diphtheria and Oroup Purulent and septicemic infection Erysipelas Cerebro-spinal meningtis Cortebro-spinal meningtis Tuberculosis of the meninges Of the lungs To the promotion Serofula Syphilis Of the intestines or rectum of the breast of the intestines or rectum of the breast of the breast of other parts Encephalitis Simple meningtis Hydrocephalitis Congestion and cerebral hemorrhage Paralysis without known cause Congestion and cerebral hemorrhage Branchopen and cerebral hemorrhage Congestion and cerebral hemorrhage Congestion and cerebral hemorrhage Dispass Infantiseases of the heart. Angina pectoris. Bengina pectoris. Hemoria pertonis or of the thyroid gland. Acrie bronchitis Chronic bronchitis (puerperal excepted). Bright's disease Uterine hemorrhage (not puerperal) Sright's disease Uterine hemorrhage (not puerperal) Sright's disease Uterine hemorrhage (not puerperal) Sright's disease

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	CAUSE OF DEATH.	Typhoid fever Scaplet fever Whooping cough Diphtheria and Group Tuberculosis of the lungs Scrofula of the stomach or liver Cancer of the intestines or rectum of the breast. Simple meningitis Hydrocephalus Congestion and cerebral hemorrlage Epilepsy Epilepsy Congestion and cerebral hemorrlage Congestion and cerebral hemorrlage Epilepsy Congestion and cerebral hemorrlage Congestion and cerebral hemorrlage Epilepsy Congestion and cerebral hemorrlage Congestion and cerebral hemorrlage Epilepsy Congestion and cerebral hemorrlage Congestion and cerebral hemorrlage Chronic bronchitis Disarchera and enteritis Dyscutery Cirrhosis of the liver Cirrhosis of the liver Cirrhosis of the bladder Concentral albuminuria and eclampsia. Salli-born, at term

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NATI	CANADIANS.	French Canadians. English Canadians.	*5-0-0	COUNTY OF	400-4-8-2-1-1-1
NATIONALITY.	NS.	Others. Strangers. Unknown Nationality.		BEAUHAR	
MONTH.		January. Warch. March. May. June. July. July. August. September. October.	1 1 2 3 3 1 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NOIS).	

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Anæmia, chlorosis. Alcoholism. Simple meningitis Bydrocephalus Congestion and cerebral hemorrhage. Pericarditis convilsions Pericarditis convilsions Infantile convolsions Infantile convolsions Organic diseases of the heart Diseases of the arteries, atheroma, aneurism, etc. Embolism Hemorrhages Acute bronchitis Broncho-pneumonia. Pleurisy Pleurisy Diseases of the stomach (not specified) Bright's disease Conge (Due to premature birth Diseases of infancy Senile debility Conge (Due to premature birth Diseases of infancy Senile debility Burns Unknown or unspecified diseases
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ANNEX D.

CONTAGIOUS DISEASES

AND FROM

DIARRHŒAL DISEASES

DURING THE YEAR 1895.

DEATHS BY CONTAGIOUS DISEASES AND BY DIARRHŒAL DISEASES, DURING THE YEAR 1895.

COUNTIES.	Diar- rbœal Diseases.	Typhoid Fever.	Measles.	Scarlet Fever.	Whoop- ing Cough.	Diphthe- ria.	Tuber- culosis.	Influ- enza.
4								
Argenteuil	7	4	2		1		15	
Arthabaska	56	3	•••••	.2	6	9	34	16
Bagot	42	.6		17	.8	51	36	,5
Seauce	97	17	2	4	13	103	64	17
Seauharnois	65 46	11	7	32	5	32	41	2
Bellechasse	67	8	1	3	4	18	30	24
Serthier	ii	6 2	•••••	•••••	3	38	30	3
onaventure	8	3	i	4	17	13 3	14	4
Srome	49	3		. 6	4 2	29	17 26	*
hambly	92	17	3	49	5	15	59	20
Champlain Charlevoix	13	3	'	1	2		14	23
hateauguay	13	i	2	5	4	13	14	3
Chicoutimi	40	6	12	153	22	110	43	39
	23	ĭ	12	103	4	6	22	3
Compton	28	2	5	2	5	80	32	3
	41	2		9	4			
Orchester	39	4	•••••	-	2	39	20	6
Prummond	38	4				29	16	
laspé	259	17	······2	$\frac{1}{2}$	2	170	10	6
Iochelaga	259 8				28	179	165	6
duntingdon	20	3 3	3	4	3 2	2 9	29	3
berville				7			20	3
acques-Cartier	53	3	2	•	5	27	36	•••••
oliette	78	9			1	71	46	12
Kamouraska	44			4	1 1	11	27	15
aprairie	28	`3	5	2	13	17	25	1
Assomption	44	12	4		1	. 31	29	3
aval	20	4	1	2	2	14	28	1
évis	93	4		16	7	54	46	4
'Islet	20	8		9		8	18	6
otbinière	47	4	2	2	····· <u>·</u>	10	31	- 8
laskinongé	66	9	4		7	37	27	22
dégantic	59	3	3	11	•••••	18	20	19
dissisquoi	9	1		1	4	7	15	4
Iontcalm	20	1		8	1 1	15	22	9
ontmagny	35	4	3	2	2	20	24	4
lontmorency	25	1		2	1	9	.28	15
apierville	10	10	1	4	6	18	17	
licolet	64	3	1	6	.6	13	62	18
)ttawa	62	25	41	90	17	105	52	7
ontiac	4	4	1	9		14	29	5
ortneuf	57.	8		16	3	7	57	11
}uébec, (county)	98	5		8	7	4	40	3
lichelieu	56	9	8	1	2	21	24	3
Richmond	21	3	1	4	8	15	28	• • • • • • • • • • • • • • • • • • • •
Rimouski	111	8		20	7	43	45	23
Rouville	39	4	2	6	5	15	21	11
aguenay	1	2			1		3	
befford	27	4		1:	9	22	31	2
berbrooke	25	4	1		3	13	29	
oulanges	22	2	1	12	4	37	16	4
canstead	10	4		2	5	2	21	2
t. Hyacinthe	66	24	·····	8	9	48	54	6
t. Jean	21	1	6		4	6	14	••••
t. Maurice	14	4		1	5	11	21	9
'émiscouata	39	5	1	. 2	9	50	40	30
'errebonne	73	3	2	2	8	66	47	20
audreuil	12			7	3	15	11	1
erchères	57	3		14	17	54	25	5
Volfe	29		3	7	1	4	13	5
amaska	72	8		4		36	35	12
rois-Rivières, city	30	2	1	9	2	5	30	4
Quebec, city	339	12	2	18	21	46	137	5
Iontreal, city	1,044	58	23	61	83	443	716	27
	4,068			687	436	2,243	2,791	

ANNEX E.

YEAR 1895.

TABLE INDICATING:

- (a) NUMBER OF DEATHS DUE TO UNKNOWN DISEASES.
- (b) NUMBER OF DEATHS: (1) AMONG CHILDREN LESS THAN 1 YEAR OLD; (2) AMONG CHILDREN BETWEEN 1 AND 5 YEARS OLD; (3) AMONG PERSONS OVER 70 YEARS OLD.
- (c) NUMBER OF STILL-BORN AT TERM.
- (d) NUMBER OF DEATHS DUE TO PREMATURE BIRTH.
- (e) NUMBER OF CHILDREN HAVING LIVED LESS THAN 24 HOURS.

(ANNEX E.) YEAR 1895.

COUNTY.	Popula- tion.	Deaths by un- known disases.	Children under 1 year.	between 1 and 5 years.	Death at 70 years or over.	born	Deaths due to prema- ture births.	Lived less than 24 hours
Argenteuil	13,410	30	38	10	4	0	0	3
Arthabaska, see Drummond.	21,909	21	127	71	18	18	3	5
Bagot	39,681	101	275	145	26	55	9	3
Beauharnois	16,950	7	134	87	8	11	11	7
Bellechasse	18,960	15	96	63	15	27	7	3
Berthier	19,041	2	151	49	13	12	4	7
Bonaventure	15,553	41	58	33	13	8	3	6
Brome	14,258	4	27	13	10	5	2	0
Chambly	12,083	53	89	58.	8	11	6	6
Champlain	30,379	29	214 50	111	35	21	3	12
Charlevoix	8,793 13,645	16 24	53	31	15	4	2	1
Chateauguay	39,087	63	216	228	26	31	17	9
Chicoutimi and Saguenay	19,349	23	71	19	20	14	3	4
Deux-Montagnes	14,673	21	112	70	16	12	8	î
Dorchester	19,086	39	102	60	20	9	4	7
Drummond and Arthabaska	45,553	86	255	96	36	51	19	7
Jaspé	12,376	83	38	19	9	15	3	1
Hochelaga	57,053	16	608	333	41	66	61	18
Huntingdon	13,896	8	33	22	4	2	4	1
berville	10,956	5	50	31	10	2	2	3
lacques-Cartier	14,517	7	130 155	68	7	13	17	6
foliette	22,350	8 40	94	93 46	29	12 14	2	9
Camouraska	18,708 10,679	40	77	42	15 16	5	2	2
Assomption	13,041	22	124	44	16	9	8	7
aval	9,424	4	76	26	5	11	4	5
évis	25,136	5	173	71	22	13	28	6
'Islet	13,382	24	57	30	12	7	5	9
Lotbinière	20,617	30	124	61	22	22	5	7
Maskinongé	17,914	3	130	83	23	16	7	13
Mégantic	23,762	38	117	58	20	19	5	3
dissisquoi	18,902	1	29 89	17	13	8	6	6
dontcalm	11,792	26	99	39	16	8	1	6
Montmagny	14,013	49	94	49 30	21	13	2	0
Mapierville	12,275 9,932	35	37	29	6	4	3	3
Nicolet	29,688	81	211	71	32	38	12	11
Ottawa	55,854	140	304	290	45	26	2	9
Pontiac	20,522	43	35	18	14	1	2	0
Portneuf	24,264	57	175	62	26	21	3	6
Québec, county	19,200	22	185	46	13	16	5	6
Richelieu	21,855	18	159	49	21	18	6	5
Richmond and Wolfe	33,753	30	158	55	32	25	4	7
Rimouski	33,263	85	204	117	18	32	14	11 3
Rouville	15,042	75	73	42	12	4	1	0
Shefford	23,281	49	79	64	14	12	7	2
Sterbrooke	16.396	8	61	43	9	10	18	5
Soulanges	9,359	8	52	56	9	9	2	1
Stanstead	19,253	16	43	14	11	11	5	2
St. Hyacinthe	21,783	14	158	106	25	10	5	3
St. Jean	12,289	2	51	23	12	11	5	0
St. Maurice	11,972	11	66	31	8	8	4	14
l'émiscouata	25,789	89	149	95	30	39	11	6
Perrebonne	23,142	58	218	112	23	17	10	10
Vaudreuil.	9,016	6	56	26	10	11	0	4
Verchères	12,187	15	109	79	11	9	9	4
Wolfe, see Richmond.	15 849	90	154	45	24	10	19	7
Yamaska	15,648 8,644	32	154 60	45	12	16	2	4
Trois-Rivières, city	63,366	2	625	204	29	44	39	7
Montréa, city	253,418	125	2,230	1,176	171	212	283	51
and the second s		I and the same		C-03-34	-	1000		10000

ANNEX F.

STATISTICS

BIRTHS, MARRIAGES AND DEATHS

- FOR THE -

Years 1893, 1894 and 1895.

DISTRIBUTED BY MUNICIPALITIES.

N.B.—We give the births and marriages amongst Catholics separately. As, in their case, children are baptized shortly after their birth, registration is much more exact than with non-Catholics who do not always have their children baptized, or at least frequently postpone it for a very long time. As to marriages, they are regularly registered amongst Protestants as amongst Catholics, but the distribution by municipalities which the clergymen make for us is less accurate than that made by the Catholics, as the jurisdiction of Protestant ministers generally extends over a great number of municipalities, thereby causing confusion.

As the census has not always been taken according to established municipal divisions, there should be no surprise in finding that, in some instances, some municipalities have been grouped together to make them agree with the numbers of the population given by the census. In some cases where the name of the territory, as given by the census, did correspond to our municipal divisions, we have established an approximate population to the best of our knowledge.

As we obtained statistics only for six months of 1893, we have taken an approximate figure for twelve months by doubling the figures obtained for the six months.

To calculate the death-rate per 1000 of population, multiply the number of deaths of one year by 1000 and divide by the population.

Taking for example the municipality of Arundel, Argenteuil County, we thus find that for the year 1895 its death-rate was 10.76 per 1000. (8 x 1000 ÷ 743 = 10.75).

We do not see any reason|why, in any of our municipalities, the death-rate should not be under 20 per 1000, if sanitation was more thought of.

A similar calculation is made to find the birth-rate.

		1895.	22 8 8 8 8 8 2 7 7 7 7 6 9 2 9 2 9 2 9 2 9 2 9 2 9 2 9 2 9 2 9
DEATHS.		1894.	(a) 103 103 103 103 103 103 103 103 103 103
DR		1893.	81 80 4 4 6 4 5 5 5 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6
	1 00	Non- Catho- lics.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	1895.	Catho-	8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
MARRIAGES.	1894.	Non- Catho- lics.	ο
MARR	18	Catho- lics.	24-55-5-5-5-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6
	1893.	Non- Catho- lics.	0 0
	18	Catho- lies.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	95.	Non- Catho- lics.	86
	1895.	Catho-	88
res.	1894.	Non- Catho- lics.	<u>4</u>
BIRTHS	18	Catho lies.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	1893.	Non- Catho- lics.	122
	18	Catho- lice.	04 28 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ION.		Total.	15158 743 255 3371 503 1720 720 720 7448 11702 1062 898 898 873 1600 1681 1681 1681 1681 1681 1681 1681
POPULATION	in 1891.	Non- Catho- lies.	8477 8477 863 805 807 807 807 807 807 808 808 808
POP		Catho- lics.	22822 1053 10681 10681 10681 1078 1078 1078 1078 1078 1078 1078 10
	COUNTY AND ITS MUNICI-		COUNTY OF ARGENTEUIL. Arundel. Carillon. Chatham. Gore Gore Goreville and Augmentation. Howard. Howard. Morin. Mile-Iles. Morin. St. André. St. André. COUNTY OF ARTHABASKA Arthabaskaville. Blandford, St. Louis de. Chénier. Chester East Chester West

(a) With St. Jerusalem. (b) With Grenville. (c) With Chénier. (d) With Lachute.

388 888 886 847 177 177 188 188 188 188 188 188 188 18	80 30 30 30 30 40 40 80 80 80 80 80 80 80 80 80 80 80 80 80	414 25 112 67 23
44 62 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	11 22 26 26 27 27 27 27 27 27 27 27 27 27 27 27 27	329 42 19 45 11
862 242 882 882 882 882 882 882 882 882 88	86444444444444444444444444444444444444	284 200 10 10
64	3334 2 2 2 2 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3	2
136 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	40 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	128 17 (6) (6) 9
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	6
		118 14 14 8
130033002	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	**************************************
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		18
8659 11.13 11.	2011 2221 12221 1052 1053 1222 1053 1053 1053 1053 1053 1053 1053 1053	(6) (6) (8)
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832 833 833 843 843 844 844 844 844 844 844	2003 444 156 108 108 855 855 855 865 865 865 865 865 865 86	614 63 63 63 63 63 63 63 63 63 63 63 63 63
44000000000040040	4004004040404080940947044828	98996
4401 4401 4401 4401 6684 6684 6684 6684 6684 6684 6684 668	4688867476884464848888844888884488888888	118
235 3 3 4 2 3 3 4 2 3 3 4 2 3 3 4 2 3 3 4 2 3 3 4 2 3 3 4 2 3 3 4 2 3 3 4 2 3 3 4 2 3 3 4 2 3 3 4 3 4	37875 8825 8826 8856	8 16662 3 1590 11315 1771 8 982
25	24	4 1078 2 58 2 58 4 31 4 78
1395 2007 1895 1897 1296 1526 2003 2345 3266 1336 1336 1827 810	20133 2043	15584 1532 1284 1742 904
Acton Vale Acton, St. André d' St. Dominque St. Ephrem d'Upton Ste. Hélène Ste. Hogues Ste. Christine St. Nazaire St. Pic St. Roalie St. Roalie St. Roalie St. Roalie St. Roalie St. Théodore d'Acton St. Théodore d'Acton	Adstock North Adheer Gallion Albert Gallion Albert Gallion Ditchfield and Spalding. East Broughton Gayburst, St. Samuel de. Lambton Linière Shenley, St. Honoré Shenley, Dorset, Jersey, etc. Saints Auges. St. Ebhrem de Tring. St. Ebhrem de Tring. St. Evariste de Forsyth. St. François St. François St. François St. Joseph, village St. Joseph, village St. Joseph, village St. Joseph, village St. Joseph, parish. St. Stverin St. Stverin St. Wictor de Tring. St. Victor de Tring.	BEAUHARNOIS Beauharnois Ste. Occile de Valleyfield St. Olement St. Etienne

(a) With Valleyfield. (b) With Beauharnois.

		1895.	25 25 165	55 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	214 28 7		
DKATHS		1894.	38	### 00 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	211 13 9 9		
DR	DR.		28 112 134	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	248 308 828		
	98.	Non- Catho- lics.		0	ı		
	1895.	Catho-	15 60 60	2014084E0EE00118B	98		
AGES.	3	Non- Catho- lice.		°	13		
WARRIAGES	1894	Catho- lics.	11 11 8		8 4 6 8		
-	 	Non- Catho- lics.		°	9		
	1893.	Catho- lies.	21 8 01 2 8	000 444 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	12 22 2		
	. 1895.	Non- Catho- lies.		0	32		
		Catho-	71 40 77 317	843 856 864 863 863 864 864 873 873 873 873 873 873 873 873 874 875 875 875 875 875 875 875 875 875 875	505 4 34 4 36		
38.	_	4.	4.	Non- Catho- lics.		0	52
BIRTHS	1894	Catho-	28 8 3 T	814 117 125 125 125 127 127 127 127 127 127 127 127	589 39 44 04		
	.;	Non-Catho-		0	3		
	1893.	Catho-	70 24 18 214	906 622 380 824 622 106 1106 1124 125 126 127 127 128 128 128 128 128 128 128 128 128 128	648 44 58		
N.	`	Total.	2187 1198 2104 5 515	18368 1549 1065 1065 2076 2072 1322 1322 1322 1322 1323 1323 1323 13	21205 1078 2484 808		
POPULATION	in 1891.	Non- Catho- lics.	377 25 0 480	40101000010010 48800.1000244000	4590 7 390 113		
POPU		Catho-	1810 1173 2104 5035	18364 1549 1199 1065 2076 820 2072 1331 1332 1372 1372 1368 1368 1368 1374 1374 1374 1374 1374 1374 1374 1374	16615 1071 2094 695		
	COUNTY AND ITS MUNICI-		COUNTY of BEAUHARNOIS. Con St. Louis de Gonzague	Armagh. Backland N. D. Aux Buckland St. Philemon Roux, Bellechasse and Daaquam. St. Charles, Rivière Boyer. St. Charles, Rivière Boyer. St. Lazare St. Lazare St. Michel St. Raphael St. Raphael St. Valier COUNTY or BERTHIER Berthier-en-haut, town Berthier-en-haut, town Berthier-en-haut daraktie St. Barthelemi St. Barthelemi St. Cuthbert St. Camien de Brandon. St. Camien de Brandon. St. Camien de Brandon. St. Cuthbert St. Camien de Brandon. St. Michel des Saints. St. Michel des Saints. St. Norbert Ferritoires non-définis.	COUNTY OF BONAVENTURE Carleton Hope		

88 - E12 - 58 - 40 08 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	31 31 42 42 42 12 12 12	301 27 27 27 20 15 10 10 10 11 10 11 10 11 10 11 10 11 10 11 10 10	878 878 878 878 878 878 878 878 878 878
331-355 32 25	171 31 9 19 41 42 42	222 288 288 288 28 28 28 28 28 28 28 28	675 88 6 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
4821285880484	168 122 33 34 50	22 22 12 12 14 14 16 16 16 16 16 16 16 16 16 16 16 16 16	
12 10 10 10 10 10 10 10 10 10 10 10 10 10	20 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	8 8 447-040cc	225 225 226 237 237 237 237 237 237 237 237 237 237
	,	.	211 213 213 30 30 30 40 40 40 40 40 40 40 40 40 40 40 40 40
426-50CLE2070			
22 9 2 2 2 2 3 2 0 0 ° 4 1 4 1	8 8 4 4 4 8 4 8	84 16 16 16 16 16 16 16 16 16 16 16 16 16	226 200 200 200 200 200 200 200 200 200
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- 	177 588 1 1 35 38 38	432 89 29 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	1395 53 53 54 54 54 54 54 54 54 54 54 54 54 54 54
	189	8	0
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88 4 28 37 3 4 4 6 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	62	8	0
811 84 486 466 466 466 466 466 466 466 466	160 120 120 120 120 120 120 120 120 120 12	388 113 114::::22 232:::22 422:::42 (a) .::36 (b) .::36 (c) .::36 (d) .::36 (e) .::36 (e) .::36 (f)	1096 386 242 622 1132 1132 1286 9386 9386
2433 1273 991 2050 1749 1305 672 672 579 2328	14709 2383 891 3775 2253 3362	11704 821 895 879 879 846 2757 1194 683 721 944 958	28033 596 1523 1289 1289 3042 1932 1985 1985 1985 1985 1985 1985 1985 1985
142 151 1652 1052 403 245 397 415 234	9721 1143 790 2681 951 1734 2422	1285 1 1 16 115 242 253 253 0 0 0 0 49	23 23 23 20 20 20 20 20 20 20 20 20 20 20 20 20
2291 1122 132 998 1747 1504 1219 275 164 2094		10419 826 995 863 721 2515 941 683 719 944	27951 989 1523 1573 2042 352 2820 1983 1983 1983 1068 1068
Méria Méria Métapédia New-Carlisle New-Richmond Nouvelle aud Shoolbred. Port Daniel East Port Daniel West Ristgouche St. Bonaventure River St. Charles de Caplan	COUNTY of BROME. Bolton East (Eastman included) Bolton West Brome, township Farnbam East Potton, tp. (Knowlton included)	COUNTY or CHAMBLY Boucherville, Village Boucherville, Parish Chambly Bassin Chambly Canton Longueuil, town Longueuil, parish St. Basile le Grand St. Bubert St. Joseph de Chambly St. Lambert	COUNTY or CHAMPLAIN. Batiscan Champlain Champlain Champlain Cap Madelene Champlain Champla

(a) With Chambly Bassin and Chambly Canton.

COUNTY AND ITS MUNICI	POP	POPULATION in 1891	ON.			BIR	BIRTHS.			3		MARKIAGES	AGES.			D	DEATHS	**
PALITIES.	y .	201 111		1893.	93.	18	1894.	1695.	92.	1893.	33.	1894.	А.	1895.	. 2			
	Catho- lics.	Non- Catho- lies.	Total.	Catho- lics.	Non- Catho- lies.	Catho- lies.	Non- Catho- lics.	Catho- lics.	Non- Catho- lics.	Catho- lies.	Non Catho- lies.	Catho-	Non- Catho- lice.	Catho-	Non- Catho- lies.	1893.	1894.	1895.
COUNTY OF CHAMPLAIN—Cont. Ste. Thicle. St. Tite	1101	08	1101	74.		85		89		22		171		18		44	20	85
COUNTY or CHARLEVOIX	-		-	191	0	850	0	865	0	133	0	127	0	164	0	246	459	146
Eboulements	907		2604	114		33		107		8 9				440		10	18	D- D
La Petite Kiviere St. François	***			170		112		130		28		980		29 62		34	68	4.19
Settrington, St. Hilarion Ste. Agnes.	1099	000	1099	40		711				16				92		26.02	6.43	33 - 0
St. Fidele St. Irénée.				58		57		50		বা বা		10 00		15		16	33	22
St. SiméonSt. Urbain			-	48		45		52		63.80				14		12	38	16
COUNTY OF CHATEAUGUAY	=	3476	13864	394	73	277	26	468	48	92	16	44	63	99	13	172	158	-
Ormstown, village and parish		11	2656	200		44	11	32.5		44.		12		00.		88	133	
St. Antoine AbbeSt. Chrysostome	1940		2270	60		200		8.6		22		- 0-		18		22	350	
Ste. Clothilde	_			54		52		63		120	-	4 0		9		16	24	
Ste. Philomène	1080 817 1238	25 1108 80	1925 1925 1318	40		39		38 45		900	Hi	F 40-		8 2.0		16 16	500	113
COUNTY or CHICOUTIMI Anse St. Jean Bagotville, village and parish Bourgel	28	147	6.1	1370 40 66 38	0	1512 45 66 38	0	1633 38 47	0	263 10 6	0	264	0	278 10 8	0	414 6 38	598 27 34 9	849 20 42 42
Chicoutimi, town	1994	77	2071	92		124		113		32		33.3		13		20	55	120
Delisle Grande Baie		14	7	200		8 42		77		10		22.0	1	41		28 6	23	22
Hebertville, village	_	00	1887	111		9 24		90		23		21		53	Ī	28 6	22	9 9

	(AINDA F.)	•
844 - 5 - 5 8 8 8 8 4 4 5 1 5 1 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	23 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	35. 25. 33. 25. 25. 25. 25. 25. 25. 25. 25. 25. 25
24 4 0 62 4 4 7 5 6 7 6 8 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	201 2122 2122 2244 444 869 869	346 399 309 309 309 309 309 309 309
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8-500001111044010	3-0044000000000000000000000000000000000	813 80 80 80 42 EL 27 EL
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6: +022224455555555555555555555555555555555	•	
	178	
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1477 1006 1165 567 783 1040 564 988 777 960 1835 1031	22779 677 1621 1621 1840 2409 827 3078 422 1066 1814 1173 1022 1012 1012 1111 1121 1121 1121 112	15027 1466 1328 1385 639 395 960 1796 1153 1153
0-404-00-000-00	11629 30 1466 1 1 758 1616 26 2300 0 0 644 470 173 867 416 877 867 416 877 877 877 877 877 877 877 877 877 87	599 227 227 37 54 17 17 19 19
1477 1005 1115: 587 781 1039 988 988 177 771 960 1835 1031 1040	111150 647 647 620 620 1082 1983 1981 1978 1344 1000 76 76 78 8608 108 108	14428 1239 1274 1353 570 372 943 1728 11212 1071
Jonquières Laterrière M étabetchouan Normandin et Albanel Roberval, village Roberval, parish St. Bruno St. Felicien St. Fugence St. Gédéon St. Gedéon St. Actome St. Methode St. Anne, Tremblay	Auckland Auckland Bury Chesham Chesham Chesham Chifton and Clifton Rast Compton, village and parish Ditton and Clinton Eaton, Saw yerville and Cookshire Emberton Hampden Lac Mgantic Liac Mgantic Liac Mgantic Liac Walerville Westbury Whitton and Whitton North Witslow North and Winslow South	COUNTY or DEUX MONTAGNES Oka. St. Augustin St. Benoit. St. Canut. St. Canut. St. Canut. St. Restache, village. St. Hermas. St. Hermas. St. Hermas. St. Joseph du Lac. Ste. Monique.

(ANNEX F.)

	1895.	27	345 238 388 113 388 24 25 25 25 25 25 25 25 25 25 25 25 25 25	878 8 1 1 1 1 8 8 9 4 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8	177
		27	0.44.00.48.48.48.48.44.84.49.48.44.44.49.49.49.49.49.49.49.49.49.49.49.	213 223 233 233 233 233 233 233 233 233	304 31 18 18 13
	1893.	8.88 4.28	E & 8	272 280 10 80 80 80 80 80 80 80 80 80 80 80 80 80	82 82 82 82 84 84 84 84 84
95.	Non- Catho- lics.		0	Φ	=
81	Catho- lies.] 12	8.00 8.00 4.10 1.10 1.10 1.10 1.10 1.10 1.10 1	(a) 100 100 100 100 100 100 100 100 100 10	99 98 7
94.	Non Catho- lies.		0	m .	28
18	Catho-	12	138 139 139 134 134 134 134	8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10 10 10 10 10 10 10 10 10 10 10 10 10 1
93.	Non- Catho- lies.		0	о : : : : : : : : : : : : : : : : : : :	20
18	Catho- lics.	14 6	4212 8 8 1 4 1 8 4 1 8 4 8 8 8 8 8 8 8 8 8 8	86888448008400	198 14 12 13 11
95.	Non- Catho- lics.		0	91	&
18	Catho- lies.	7	833 661 777 777 777 777 777 777 777 777 777	(a) 38 28 28 48 41 48 109 109 109 109 109 109 109 109 109 109	714 64 33 29 33 33
94.	Non- Catho- lies.		0	8	88
18	Catho- lics.	31	728 633 644 755 755 757 757 757 757 757 757 757 7	658 125 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	80 50 52 F
93.	Non- Catho- lies.		0	8	86
18	Catho- lics.	24	892 1202 1342 1342 888 888 888	•	87 20 20 80 80 80 80
POPULATION. in 1891.	Total.	838 1770	18364 997 1653 1278 609 2002 1582 1682 1602 1602 1482 1260 1260	16639 1955 543 911 1536 924 1252 1494 1049 3065 499 1111	25329 1237 785 1497 647 1468
in 1891	Non- Catho- lise.	63.2	25 3 4 7 1 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2622 1414 474 80 83 388 229 688 688 688 42 72 72 42 42 43 43 43 43 43 43 43 43 43 43 43 43 43	3433 0 246 226 1 1
	Catho- lics.	836 1707	17845 926 1533 1278 609 1995 1679 1047 2044 1522 1259	14017 1814 69 831 1103 536 1049 3043 2209 457	21896 1237 539 1271 646 979
COUNTY AND ITS MUNICI-		COUNTY of DEUX MONTAGNES —Continued. Ste. Scholastisque, Village	COUNTY or DORCHESTER Franhourne, St. Odilon Late Etchemin Late Etchemin Langevin, Ste. Justine St. Anselme Ste. Claire Ste. Claire Ste. Claire Ste. Isidore St. Léon de Standon St. Léon de Standon St. Malachie Ste. Marguerite Watford West, St. Prosper	CUUNTY or DRUMMOND Derimmond ville Durham Township Grantham Kingsey Kingsey Falls L'Avenir St. Eugène de Grantham St. Eugène de Grantham St. Germain de Grantham Wickham East Wickham East	COUNTY OF GASPÉ
	in 1891. 1893. 1894. 1895. 1893. 1894. 1895.	1891. 1892. 1893. 1894. 1895. 1895. 1895. 1894. 1895. 1896. 1895	1891. 1893. 1894. 1895. 1894. 1895. 1894. 1895. 1894. 1895. 1894. 1895. 1894. 1895. 1894. 1895. 1894. 1895. 1894. 1895. 1894. 1895. 1894. 1895. 1894. 1895. 1894. 1895. 1894. 1895	Cathology Non- Cathology Cathology	1891 1892 1894 1895 1895

(a) With Drammondville,

26 11 11 12 13 13 13 14 10	711 101 102 103 103 103 103 103 103 103 103 103 103	145 100 100 100 100 100 100 100 100 100 10
23 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	1698 25 23 23 23 177 177 108 89 33 33 49 33 49 33 33 49 33 33 49 33 33 49 33 33 49 33 33 33 34 34 37 37 38 38 38 38 38 38 38 38 38 38 38 38 38	200 100 100 100 100 100 100 100 100 100
282000000000000000000000000000000000000	. 351 4 8 4 8 4 8 8 8 8 8 8 8 8 8 8 8 8 8 8	174 8 10 10 10 10 10 10 10 10 10 10 10 10 10
		
	286 117 117 117 117 117 117 117 117 117 11	(b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
	- 	<u> </u>
<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	04c0c1030c00c00c0	11 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(8)	*
	9	98
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\$504 - 82 4 8 4 E 4 8 5 0	1927 707 70 70 70 70 81 138 733 838	254 (6) 12 18: 18: 18: 62
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1653 1653 1660 1460 1030 601 1152 1827 1827 1827 1848 1848 1860 1860 1860 1860	44077 391 3076 842 845 816 2245 1128 3537 2305 9337 761 11820 9291 11820 9291 13413 11843 13413 13413	
24.73 94.73 94.73 94.73 94.73 96.50 66.50 66.50 70 70 70 70 70 70 70 70 70 70 70 70 70	6899 2621 181 191 116 223 223 263 263 264 128 128 128 128 128 128 128 128	7374 528 728 543 916 641 194 174 360 1728 174 324 43
1818 1388 2316 1024 1024 1321 1305 1500 1762 1762	37178 383 383 455 661 1004 2180 1004 3391 1004 1053 1163 8048 1163 1143 1143	7011 1012 187, 187, 590 757 767 768 773 789 781 789 781 789 781 781 781 781 781 781 781 781 781 781
Figure du Nord	COUNTY or HOCHELAGA Cote (es Neiges West	COUNTY OF HUNTINGDON. Dundee Eigin Franklin Godmanbester. Havelock Hemmingford, village. St. Anicet St. Anicet St. Regis (a) With Cote St. Paul. (b)

(ANNEX F.)

, só		1895.	170 252 27 24 14 28 17 27 27	8888890 08888890	252 1255 1265 100 100 100 100 100 100 100 100 100 10
DEATHS		1894.	185 138 28 28 28 28 28 28 28 28 28 28 28 28 28	382 1053 1053 1053 1053 1053 1053 1053 1053	4601 1004 1014 1014 1014 1014 1014 1014
Q		1893.	481 445 00 10 10 10 10 10 10 10 10 10 10 10 10	370 111 115 116 116 117 118 118 118 118 118 118 118 118 118	25 25 25 25 25 25 25 25 25 25 25 25 25 2
	92.	Non- Catho- lics.	8	*	0
	1895.	Catho- lies.	88 22 20 20 20 20 20 20 20 20 20 20 20 20	88420145455656	18 7 6 12 7 25 9 33 9 18 9 18 9 18 9 18 9 18 9 18 9 18
A G.ES.	1894.	Non- Catho- lics.		0	0
MARRIAGES	18	Catho- lics.	84 11 2 41 8	2. 2. 2. 2. 4. 1. c.	178 199 199 199 199 199 199 199
1	1893.	Non- Catho- Jics.	0	9	0
	18	Catho- lics.	4 4 8 8 8 0 4 8 8 0 4		0888-420110488848
	895.	Non- Catho- lics.	*	16	4
	186	Catho- lics.	391 23 23 33 50 50 67 67 67 67	1538 1010 1010 1010 1010 1010 1010 1010 10	945 1495 1486 1388 1388 100 100 100 100 100 100 100 100 100 1
HS.	4.	Non- Catho- lies.	2	33	ro.
BIRTHS	1894.	Catho-	. 390 51 19 60 40 40 44 44	422 101 101 101 101 101 101 101 101 101 1	1000 152 50 67 67 88 83 143 114 111 1114 116 66 66
	3.	Non- Catho- lies.	10	30	13
	1893	Catho- lics.	452 108 108 288 644 588 444 444 444	665 28 32 32 33 33 34 55 12 12 12 12 12 13 13 13 13 13 13 13 13 14 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	88 8 2 2 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
NO	NO	Total.	11893 1324 1710 775 2101 1038 2083 1377 1495	13832 715 3761 1058 1058 823 1171 589 729 1184 1184	22921 3372 1128 1706 1043 840 850 2725 839 2847 2645 1243 1243 2668
POPULATION	in 1891.	Non- Catho- lics.	45. 60. 60. 60. 60. 60. 60. 60. 60. 60. 60	1518 864 864 355 35 45 63 2 2 2 2 3	46.4 4.0 4.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6
POP	.II	Catho-	11459 11238 1634 715 2099 1008 2038 1368 1368	12314 715 2897 783 479 809 1109 544 727 1295 175	22647 3343 1084 1063 829 829 829 2725 939 2783 1234 1485
	COUNTY AND ITS MUNICI-		COUNTY or IBERVILLE Henryville Sabrevois St. Alexandre St. Athanase St. Athanase St. Grigide St. Grigide St. Shore St. Schastien	COUNTY or JACQUES-CARTIER Lachine, town Lachine, parish Pointe Claire, Village Pointe Claire, Village Rea Anne de Bellevue, Village Ste. Anne de Bellevue, Parish Ste. Geneviève, Village Ste. Geneviève, Village Ste. Geneviève, Parish Ste. Laurent, Village St. Laurent, Parish Dorval	COUNTY or JOLIETTE Joliette, town St. Anbhonse St. Anbhonse de Kildare St. Charles Borromée St. Charles Borromée St. Charles Borromée St. Rizabeth Ste. Rizabeth Ste. Rizabeth Ste. Relix de Valois St. Felix de Valois Ste. Melanie St. Paul d'Industrie

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Kamouraska, village. Kamouraska, village. Kanouraska, parish Mont Cournel Brite Couelle St. Alexandre St. André Ste. Anne Lapocatière St. Andre Ste. Andre St. Onis de la Boutellerie St. Pachne	COUNTY or LAPRAIRIE. Laprairie, village Laprairie, parish St. Constant St. Isidore St. Jacques le Mineur St. Philippe Caughnawaga.	COUNTY or L'ASSOMPTION Lachenaie L'Assomption, viliage L'Assomption, parish Laurentides L'Epiphanie Mascouche Mascouche Repentigny St. Lin St. Paul l'Ermite St. Roch l'Achigan St. Roch l'Achigan	COUNTY OF LAVAL Ste. Dorothée St. Frs. de Sales St. Martin Ste. Rose, village Ste. Rose, parisn St. Vincent de Paul

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DEATHS	1894.	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	241 145 119 129 138 141 160 160 160 160 160 160 160 160 160 16	(a) 18 18 18 18 18 18 18 18 18 18 18 18 18
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MARRIAGES	Non- Catho- lies.	1	•	0
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1893.	Non- Catho- lies.	cq .	0	0
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15.	Non- Catho- lies.	0	0	CG .
1895.	Catho- lics.	992 444 131 367 367 139 139 139 139 159	650 660 660 660 671 671 671	819 209 480 688 688 556 557 72 72
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3.	Non- Cathu- lics.	24	0	0
1893	Catho- lics.	1015 346 104 254 254 26 28 28 144 144	605 1082 11082 111 146 146 146 146 146 146 146 146 146	818 824 3622 8252 88 88 88
N.	Total.	25995 840 3551 7301 1496 629 803 2243 1802 351 1433 1768 3545 3545 3545 3545 3545 3545 3545 354	13823 2414 1573 1289 1500 2171 979 1041 1194	20688 988 1189 1804 1001 905 1740 1359 (a)
POPULATION in 1891.	Non- Catho- lies.	490 318 318 52 52 53 37 33 37	00000000	358 122 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
POP	Catho-	25505 835 3532 3532 6983 1475 624 788 2228 1750 351 1765 3508	13821 2414 1573 1289 1499 2170 979 1041 1194	20330 866 11189 1854 1001 901 1740 2309 1354 (a)
GOUNTY AND ITS MUNICI-	rati i itas.	COUNTY or LEVIS Bienville. Lidvis, city. Levis, city. N. D. de la Victoire. St. David St. Etienne de Lauzon. St. Henri. St. Jean Chrysostôme. St. Lambert. St. Lambert. St. Nicolas. St. Romuald.	COUNTY or L'ISLET. L'Islet St. Aubert St. Aubert St. Gyrille St. Eugène St. Jean Port Joli St. Pamphile St. Pamphile St. Perpétue St. Roch des Aulnets	COUNTY or LOTBINIERE Beaury age, St. Patrice Lotbinière Lotbinière St. Agabit St. Agabit St. Apolinaire St. Abolinaire St. Emmélie (with Leclercyille) St. Emmélie (with Leclercyille)

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St. Gilles. St. Jean Deschaillons, vill. et par St. Narcisse. Ste. Philomène. St. Sylvestre.	COUNTY OF MASKINONGE. Hunterstown Louiseville. Maskinonge Rivière du Loup. St. Alexis des Monts St. Didace. St. Justin. St. Léon. St. Leon. St. Paulin.	COUNTY OF MÉGANTIC	Dick Lake (Inctord Mines and Coleraine) Halifax North Halifax South Inverses Ireland North Leeds Vilage Leeds Vilage Leeds Wast. Nelson Nelson Somerset South Somerset South Somerset South Ste. Anastasie de Nelson St. Pietford North Thetford North Thetford South Thetford South	COUNTY or MISSISQUOI Bedford Clarenceville Cowansville Dunham, village Dunham, township Farnham West, town Frelighsburg North Stanbridge, St. Ignace N. D. des Anges

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DEATHS		1894.	2084405.45			
		1893.	211	24 20 20 20 20 20 20 20 20 20 20 20 20 20	39 39 30 30 30 30 30 30 30 30 30 30 30 30 30	328
		Non- Catho- lics.		2	22 24 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0
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A G ES.	1894.	Nou- Catho- lies.		0	0	0
MARRIAGES	81	Catho- lies.	4mm80001400	25 26 16 16 88	258 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	8804
	1893.	Non- Catho- lics.		4	0	0
	18	Catho- lics.	12 12 12 12 12 12 12 12 12 12 12 12 12 1	011 011 4 4 0 88 8 4 4 4 4 4	96 91 90 91 90 91 90 90 90 90 90 90 90 90 90 90 90 90 90	2000
		Non- Catho- lies.		25	0	0
	1895.	Catho- lics.	44 112 112 112 112 113 113 114 115 115 115 115 115 115 115 115 115	40 88 89 80 80 80 80 80 80 80 80 80 80 80 80 80	601 53 157 15 15 10 112 30	534 10 11
HS.	1894.	Non- Catho- lics.		# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	0
BIRTHS	181	Catho- lics.	98 113 113 113 113 113 113 113 113 113 11	432 50 21 20 49 101 101 7 7 62 80 80	544 48 153 10 58 54 51 61 83 89 99	615 62 14 63
	1893.	Catho- Catho- lies. lies.		24	0	0
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NO	N O	Total.	1245 23¢ 860 941 1049 998 698 303	12131 1169 1002 1186 1231 1419 2423 1150 1170 655 375	14726 1152 4121 586 1697 1436 1554 1331 2849	12309 1137 285 1587
POPULATION	in 1891.	Non- Catho- lies.	58 143 200 723 563 825 497 214	677 677 602 602 603 600 600 600 600 600 600 600 600 600		0000
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	COUNTY AND ITS MUNICI-		COUNTY or MISSISQUOI—Cont. N. D. de Stanbridge. Philipsburg. Stanbridge Stalion. Stanbridge Township. St. Armand Bast. St. Armand West. St. Armand West. St. Prierre de Vérone.	St. Théodore de Chertsey St. Théodore de Chertsey Kilkenny, St. Calix te Rawdon St. Alexis St. Esprit St. Julienne St. Julienne St. Lignori St. Lignori Wexford St. Donat and Chilton	COUNTY of MONTMAGNY Berthier-en-bas Cap St. Ignace Ile aux Grues Montmagny,town St. François St. François St. Pierre St. Thomas N. D. du Rosaire	GOUNTY or MONTMORENCY A nge Gardien Beaulieu Chateau Richer

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	Catho-	Non- Catho- lies.	Total.	Catho- lics.	Non- Catho- lios.	Catho-	Non- Catho- lics.	Catho-	Non- Catho- lics.	Catho-lies.	Non- Catho- lics.	Cathor lies.	Non- Catho- lies.	Catho-	Non- Catho- lics.	1893.	1894.	1895.
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c) With St. Roch of Quebec.

### (ANNEX F.)

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#### ANNEX 6.

## REPORT ON THE MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

held at Denver, Colorado, on the 1st, 2nd, 3rd and 4th October, 1895.

TO THE MEMBERS OF THE BOARD OF HEALTH OF THE PROVINCE OF QUEBEC.

In accordance with the decision of the meeting of the 19th September last, we represented the Board at the meeting of the American Public Health Association held at Denver on the 1st, 2nd, 3rd and 4th October. Three other Provinces of Canada were likewise represented, making up the Canadian delegation to ten;—a good number.

In his "Opening Address" the President of the Association, Dr. Bailey, reviewed the progress recently made by hygiene regarding quarantine matters and the protection of water-supply; he instanced the marvellous results of the fight now being waged against contagious diseases; he congratulated the Association upon being convened at the fine city of Denver, which, amongst other examp'es to follow, showed a very low death-rate.

In a paper intituled "The Mississippi River as a Sewer," Dr. Hartzell of Ohio gave a description of the immense quantity of animal and vegetable matter in a state of putrefaction constantly poured into that river by the many cities scattered along its course, and especially blamed Chicago, which in no wise respects the rights of the cities situated below it. He showed, by statistics, that the Mississippi river is more contaminated than the Thames, the Rhine, the Nile and the rivers of China. He retraced the pernicious effects of the pollution of water courses, and cited the examples supplied by the cities of Pennsylvania, West Virginia, Ohio, Illinois, and Minnesota. "A municipality has no more right than a private individual to pollute a river," said Dr. Hartzell; and since Chicago seems to command the Legislature of Illinois, and consequently no redress can be expected from there, it is for the Federal Congress The author concluded his paper by propoof the United States to interfere. sing that, like the "River Pollution Commission" in England and a similar organization in Germany, an American Commission be appointed to study the pollution of water courses. "Without such assistance from the Federal Congress of the United States of America," he said, "the Boards of Health of the various States cannot hope to become masters of the situation.

Dr. Bryce of Ontario read a portion of a paper intituled "The Pollution of Drinking Water and its Publication." The author stated that it had been calculated that ninety per cent of the population of the world dwells on the

banks of rivers, lakes, etc., and therefore concludes that by polluting these waters the sanitary condition of the great majority of the populations is affected. He showed that the protection of water courses, already too difficult a question to solve in the case of inner waters, presents almost insurmountable difficulties in the case of international waters. These difficulties have arisen in, connection with the St. Clair, Niagara and Detroit rivers, which divide Ontario from the United States. The towns of Ontario situated on the Niagara River below Buffalo seem to have the most to complain of.

During the discussion which followed the reading of these two papers, Mr. Hering, civil engineer of New York, expressed the opinion that it was impossible for Chicago to expect to purify its drainage by chemical means; it would have to spend from sixty to seventy millions of dollars merely for installation of the necessary appliances. According to him, 600,000 cubic feet of water per minute could sufficiently dilute Chicago's sewage, and this dilution is the object aimed at by the great drainage canal now being built.

Mr. Hering considered that a great many other cities would, like Chicago find it impossible to purify sewage before draining it off into the rivers, and that therefore the only means of remedying the evils felt by the towns situated below is to filter their drinking water, or, better still, not to take their water from these rivers, but seek for other sources of supply in the vicinity.

The report of the Committee on Animal Diseases and Animal Food stated that the jurisdiction of the Federal Government of the United States extends only to animals intended for exportation. Animals intended for local consumption are under the control of the health authorities of each State, which in many cases do not avail themselves of their powers. The report concludes by saying that all cattle found to be affected by tuberculosis should be slaughtered. (The Federal Government already supplies tuberculine vratis.) As regards the microscopic examination of hogs for the purpose of discovering trichinæ the Committee does not consider it practicable, owing to the fact that the number of swine slaughtered in the United States amounts to thirty millions in a year, and the cost for each hog examined, even if it were only six cents, would be too great. The only means the Committee can find of replacing such examination is to expose the meat in cooking to a sufficient heat to destroy the trichinæ.

In the course of the discussion which followed the reading of this paper, some of those present advocated the microscopic examination of pork, even if it should cost six cents per head. The physical examination of animals as a means of diagnosing tuberculosis was declared to be illusory. Unless the tuberculine test was applied, the results whereof are sure nine times out of ten, it will be necessary to submit the expectoration, the milk, butter and cheese derived from the suspected animal to microscopical examination.

Mr. Jordan, civil engineer, of Maine, in a paper intituled "Car Sanitation," described the methods followed by the Pullman & Wagner companies for cleaning their sleeping cars. The mattresses are replaced every six months, and the woollen blankets every three months.

Professor Woodbridge, of Massachusetts, in his paper "Ventilation of Railway Coaches," drew the following conclusions: (a) Artificial ventilation is necessary; (b) the movement of the train should affect the ventilation as little

as possible; (c) the air introduced should be filtered, to free it from dust and coal particles; (d) during the winter season the air should be heated before being introduced into the car, and the supply should be continuous, to avoid draughts; (e) ventilation by propulsion is preferable to ventilation by extraction.

Dr. Orvananos, of Mexico, also submitted a paper on "Car Sanitation," in which he spoke of ventilation and the prevention of contagious diseases. "To prevent the transmission of contagious diseases," he said, "the Mexican railways have an advantage over those of the United States. The Mexican cars have fewer hangings, carry a smaller number of passengers, and two of the most fatal of contagious diseases, tuberculosis and diphtheria, are almost unknown in Mexico." The lecturer concluded by recommending: (a) supervision by the local health authorities over railway stations, to prevent the transporting of individuals who might communicate contagion; (b) the appointment of inspecting physicians along the line of railways; (c) that the cushions and fittings be made movable, so as to be easily taken out and changed when necessary; (d) the partial or complete disinfection of coaches whenever the inspecting physician deems expedient; (e) the prohibition, under a heavy penalty, to expectorate elsewhere than into spittoons; that a sufficient number of such spittoons, containing a disinfectant mercurial solution, be provided.

The report of the "Committee on Car Sanitation" remarks that attention seems to be entirely directed towards the ventilation of sleeping cars, while no care is taken as regards ventilating the day coaches. The correspondence of the Committee showed that two companies took a proper interest in the sanitation of their road; these were the Chesapeake & Ohio and the Baltimore & Ohio. The majority do nothing, or next to nothing, although few companies entirely deny the opportuneness of sanitary precautions. On the whole there has been some progress, and the Committee hopes that before long the railway companies will endeavor to show, as their best advertisement, that they have a complete and effective sanitary service.

During the discussion on this subject, Dr. Kinyoun, of the United States Marine Hospital Service, urged the expediency of disinfecting the coaches at the termini of the line, and for that purpose recommended the use of *formaline* in preference to sulphurous acid. He stated that a coach could be disinfected in ten minutes with formaline if a vaporizer be used. In three minutes formaline destroys the germs of tuberculosis, diphtheria and smallpox, while an atmosphere containing fifteen per cent of sulphurous acid is insufficient to destroy the bacillus of tuberculosis.

A paper on "National Legislation for the care of Public Health" was read by Dr. Munn, Health Commissioner of Denver. The author suggested that the Federal Government of the United States should, in each State, and in connection with the Board of Health thereof, establish a Laboratory of Hygiene, and grant it an annual subsidy of \$15,000.00. The object of such laboratories would be to make original researches and to verify the experiments made in connection with the various diseases and their prevention, to prepare toxines and antitoxines, to study the effect on health of the various conditions of the soil, atmosphere, altitude, occupations, food and dwellings. The lecturer said that it was obviously unnecessary to point out all the benefits which would be rendered to hygiene by the forty laboratories which would be so established and provided with the necessary means to work them.

The "Committee on the Abuse of Alcoholic Drinks from a Sanitary Standpoint" submitted a most elaborate report. The Committee admitted that alcoholism exists everywhere, and it is quite right that all should combine to restrict it.

Alcoholism must not be confounded with the moderate use of alcoholic beverages. Taking a glass of wine at dinner and taking a glass of whiskey do not constitute alcoholism. Some benefit may even be derived from taking a small quantity of beer or wine at meals. They are elements of nutrition, and stimulate the digestive functions; they strengthen without inebriating. It is the immoderate and continued use of alcoholic beverages which institutes alcoholism, and that is what must be condemned. To alcoholism the majority of deaths and diseases are due; it fills our hospitals, it fosters crime, suicide and poverty.

The Committee declared itself opposed to prohibition; although prohibitionists are animated by the best of motives, they fail to attain their object, inasmuch as they propose an impracticable remedy, the severity of which is not justified by experience. One of the members of the Committee, who resided six years in Italy, could not say that he ever met a really intoxicated man; they perhaps get a little too lively, but that is all, and that is the experience of the countries or districts where vines are cultivated. It has been observed that in the south of France, where wine is chiefly manufactured, there is less drunkenness than in the north where none is made.

America is the only country in the world where rich and poor alike drink standing and without being thirsty. There are saloons without number frequented by all ranks of society. Many of our greatest statesmen, professional men and others are victims of alcoholism. For this we must chiefly blame that deplorable custom of offering to stand treat on the slightest pretext and as the proper thing to be done. The fair sex does not always escape the danger, and many of our fashionable women do not consider it beneath their dignity to take a small quantity of rum or whiskey punch with rather too much regularity.

The Committee concluded by recommending amongst other things:

- 1. That Governments should control the manufacture of alcoholic liquors;
- 2. That the duties on these be considerably raised;
- 3. That the duties on wine, beer and coffee be removed. In Turkey, where much coffee is consumed, drunkenness is unknown;
  - 4. That the penalties for adulteration be increased;
- 5. That the cost of licences be increased, in order to reduce the number of saloons;
  - 6. That there be sanitary inspection of liquors sold for consumption;
  - 7. That the cultivation of the vine be encouraged;
  - 8. That the penalty for selling liquor to minors be increased.
- 9. That habitual drunkards be sent to prison, and be made to work while detained there;
- 10. That the condition of the workingman be improved; that he be provided with the means of amusing himself respectably; that he be diverted from saloons by opening temperance coffee houses to which he can resort with the members of his family.

ANNEX G.

The report of the Committee on "Cremation and Earth Burial" submitted the following conclusions:

- 1. It is advisable to encourage cremation as the most sanitary way of disposing of dead bodies;
- 2. In several places in the United States it is necessary to have greater precautions taken in connection with cremation than have hitherto prevailed in order to prevent frequent concealment of crime;
- 3. Earth burial, when properly performed, is a method which can be admitted by hygiene;
- 4. The selection of sites for cemeteries, their preparation and the manner in which interments are effected therein should be the object of legislation, which should be drafted by the Boards of Health;
- 5. Interments in the interior of buildings (churches, etc.) should be prohibited, and all around cemeteries there should be a large open space on which the erection of dwellings should not be tolerated;
- 6. The soil of a cemetery should be porous, and artificially drained. The drinking water of the neighborhood should be protected against every possible danger of pollution from drainage;
- 7. No hermetically closed vaults should be made, nor should coffins of too resisting materials be used, so as not to prevent the rapid decomposition of the bodies:
- 8. Dead bodies should be deposited in graves separated from each other by sufficient spaces;
- 9. No interment should take place before a burial permit has been granted after the cause of death has been ascertained;
- 10. The Boards of Health should issue licences to undertakers, and regulate the performance of their duties;
- 11. Persons who have died of contagious diseases should have private funerals, and their bodies should never be deposited in public vaults.

The report of this Committee gives the following information as to the extension of cremation in the United States: Eighteen crematories have been built since 1884: two at San Francisco. and one in each of the following places: Washington, Pa., FreshMond, N.Y., Buffalo, Pittsburg, Cincinnati, Detroit, Los Angeles, St. Louis, Philadelphia, Baltimore, Swinburne Island, N.Y., Troy, Waterville, N.Y., Davenport, Ia., Chicago, and Boston.

Four thousand two hundred and sixty-one (4,261) bodies were cremated, 2,783 being of the male and 1,369 of the female sex. The average cost of cremation is \$2500. In San Francisco \$60.00 is charged. Massachusetts, Michigan, Pennsylvania and Ohio are the only states in which cremation is regulated by law

"Contribution to the Study of Yellow Fever in Connection with its Medical Geography and Prophylaxis" by Dr. Liceaga, of Mexico.

The author stated that Yellow Fever is endemic only at Vera Cruz and in a portion of the peninsula of Yucatan. The only epidemic Mexico had in 1885 was that of Vera Cruz, between January and August, which caused 120 deaths. Mr. Liceaga believes that the proper way of arresting the disease is to practise

inoculation with the serum of the blood of persons who are or who have been sick, or again with the serum of animals.

"Prophylaxis of Yellow Fever" by Dr. Carmona Y Valle, of Mexico. The author gave the result of experiments made by him since 1887 in connection with the treatment of yellow fever and preventive inoculations against that disease. By inoculating a person attacked by yellow fever with his urine, he observed that the fever diminished and the cure was rapid. This success led him to inoculate healthy individuals as a preventive measure. Out of 1,358 of such inoculations of healthy individuals with the urine of sick persons at the tenth day of their illness, the author failed but in one case, and even then the patient was not ill enough to take to his bed. This method was subsequently tried in France by Bouchard, and at Panama by Garcia del Formel, with excellent results. The author recommended the use of the residue obtained by artificial evaporation of the urine. By means of a Pravaz syringe, 5 centigrammes of this residue, dissolved in a gramme of water, are injected. This injection sometimes causes an abscess at the point of inoculation, which, with Dr. Carmona Y Valle, is the lower part of the arm

In a paper intituled "Small-pox in Wisconsin from January, 1894, to June, 1895," Dr. Wingate gave interesting statistics supplied by the city of Milwaukee, where 1,060 cases broke out, 271 of which were fatal, say 25.56 per cent.

The death-rate amongst those treated in the hospitals was 22.53, and amongst those treated at home 28.25 per cent. Out of 343 patients who had vaccination marks, or, at least, who remembered having been vaccinated, 35 died, say 10.21 per cent. Out of 673 who had no marks, and who did not recollect ever having been vaccinated, 191 died, say 28.38 per cent.

The author was not satisfied with the figure 10.21 as the death-rate amongst those classified as having been vaccinated, and concluded that this rate is due to the fact that re-vaccination is neglected by the people.

In a paper intituled "Medical Inspection of Schools," Dr. Durgin, Commissioner of Health of Boston, mentioned a very good example of applied hygiene. For sanitary purposes, the city of Boston has been divided into 550 districts, each containing about four schools and 1,400 pupils. The Municipal Board of Health has appointed a medical inspector for each district, with a salary of \$200 per annum. This physician must go to the schools of his district immediately after the opening of the classes in the morning. The head of the school hands him the list of the pupils whom the teachers of the various classes consider sick, and he at once examines these pupils. If the pupil is too ill to remain in school, the physician advises the teacher to send him home, in order that his parents and the family physician may attend him. If the child suffers from a contagious disease, the physician orders him to be sent home at once, and reports the matter to the Board of Health. In addition to this inspection of the schools, the 550 medical inspectors are directed by the Board of Health to visit the families of their district in which there are contagious diseases twice: once to make sure that isolation is practised, and a second time when the family ask that the isolation be discontinued.

"Thus," adds Dr. Durgin, "for \$10,000 a year, the teachers and 70,000 pupils have the benefit of medical supervision, and, moreover, the Board of Health has 550 agents distributed through every ward of the city seeing to the carrying out of the sanitary measures ordered by the Board."

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Dr. Durgin concluded his paper by giving the results obtained during the four months that this system has been in operation. Out of 9,063 children examined by the physicians at the request of the teachers, 5,825 were found to be ill and 3,238 were declared to be well. Of the 5,825 sick ones, 1,033 were found to be ill enough to be sent home. Of this number, 280 suffered from contagious diseases as follows: Diphtheria 58, Scarlet Fever 19, Measles 42, Whooping Cough 17, Mumps 35, Pediculosis 47, Scabies 33, Congenital Syphilis 7, Chicken-pox 22. And still these pupils were in class, thereby spreading contagion amongst the other children. The other diseases discovered by the physicians, and which it was considered advisable to submit to medical treatment, were as follows: Abscess 22 cases, Catarrh 244, Cellulitis 12, Chorea 11, Colds with more or less Bronchitis 224, Debility 63, Diseases of the Eye 389, Diseases of the Ear 35, Diseases of the Skin and Scalp 186, Diseases of Throat and Mouth 3,489, Epilepsy 5, Fracture of the Collar Bone 1, Headaches 171, Indigestion 42, Malaria 17, Nausea 50, Pott's Disease 6, Adenitis 133, Ulcers 16, Wounds 21, miscellaneous diseases 411.

To resume: Number of children examined 9,063.

Found to be ill, 5,825.

Found well, 3,238.

Found sufficiently ill to be sent home 1,033.

Found ill but able to remain in school 4,792. The school authorities of Boston are very well disposed towards this medical supervision of their schools.

During the discussion which followed the reading of a paper by Dr. Chapin of Rhode Island, on "Disinfection in American Cities," a manufacturer of Denver produced a sample of dirty and infectious rags, from which common eider-down coverlets are made without previous cleaning and disinfection. He stated that it was with regret that he himself had to use these rags owing to keen competition. One day, while acting as a Grand Juror for Colorado, he endeavored in vain to have all the manufacturers indicted, including himself. He asked the Association to interfere.

In order not to make this report too lengthy, we will merely give the titles of the other papers on the programme of the Convention:

- "Municipal Steam Disinfection," by Dr. H. B. Horlbeck of Charleston, S.C.
- "Microscopic Diagnosis of Diphtheria by a New Staining Method," by Dr. Crouch of Denver.
- "Suggestions as to Ocular Hygiene in the Schools," by Dr. Edward Jackson of Philadelphia.
- "The Outlook for a General System of Registration of Vital Statistics in the United States," by Dr. Wilbur of Michigan.
- "Bacteriological Results from Mechanical Filtration," by Dr. Swarts of Rhode Island.
- "The Disposal of the Dead with Special Reference to the Prevalent Practice of Embalming," by Dr. Suiter of Herkimer, N.Y.
  - "Cremation or Earth Burial,-which?" by Dr. Guilbert of Iowa.
- "Influences Peculiar to High Altitudes on health," by Dr. Solly of Colorado Springs.

- "Degenerative Heredity or Some Degenerative Influences of Modern Civilization on Health," by Dr. Denison of Denver.
- "Baths,—their Necessity, their Influence in Economy; the Dangers they present and the Methods of Preventing them," by Dr. Mendizabal of Vera Cruz, Mex.

The limited time at the disposal of the Association did not allow of the following papers being read. They will, however, be published in the Proceedings of the Congress:—

- "Measures which ought to be Adopted for Limiting the Consumption of impure Alcohol as a Beverage," by Professor Morales of Mexico.
- "Necessity for the Establishment of Sanatoria to Prevent Chlorosis as the Best Prophylactic against Consumption in Particular and Constitutional Diseases in General," by Dr. Monjaras of San Luis Potosi, Mex.
- "Contribution to the Discussion of Railroad Hygiene," by Dr. Moriega of Nuevo Leon, Mex.
- "Necessity and Desirability of Popularizing the Study of Hygiene," by Dr. de Garay, of Mexico.
- "Abortion and Still-Births, and their Relation to Hygiene," by Dr. Zavada of Yucatan, Mex.
- "Considerations on the Injury to Health Resulting from the Inhalation of Dust from Maize Stored in Garrets," by Dr. Espinoza of Hildalgo, Mex.
- "The Influence of the Poorer Classes in the Cities; Their Education in Public Health Matters the Best Prophylactic against Typhus," by Dr. Monjaras of San Luis Potosi, Mex.
- "A Plea in Favor of the More Intelligent Management of Phthisis Pulmonaris," by Dr. Swope of New Mexico.
- "History of the law respecting Milk and Dairy Inspection and also the Tuberculine Test for Milch Cows in the City of Minneapolis," by Dr. Avery of Minneapolis.

The election of officers for the year 1895-96 resulted as follows:

President: Dr. Liceaga of Mexico; Vice-Presidents, Drs. Woodhull and Sewall of Denver; Secretary, Dr. Watson of Concord; Treasurer, Dr. Holton of Brattleboro.

The meeting of 1896 will be held in Buffalo.

VISIT TO THE DENVER BOARD OF HEALTH. In order to become, acquainted with the sanitary organization of Denver, we visited its Health Office in the City Hall, where we met the head of the department and his assistants. These gentlemen cheerfully supplied us with every desirable information.

The department occupies a fine suite of spacious rooms in the fine City Hall of Denver, two being used for the municipal bacteriological laboratory.

The staff consists of a physician, who is Commissioner of Health; of two assistants, who are likewise physicians; of a bacteriologist, and of eleven other officers, (Health inspector, disinfectors, etc.) Two of these officers are mounted, and on receiving a telephone message they ride off at once, and bring as rapidly

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as possible to the bacteriological laboratory the specimens deposited with the druggists, and have to be submitted to bacteriological examination for the diagnosis of certain contagious diseases, of diphtheria in particular.

On the whole, Denver's sanitary organization greatly resembles that of leading Canadian cities. Contagious cases are reported to the Health Office, which causes the houses to be placarded and afterwards disinfected with sulphurous vapor. Denver has not as yet any steam-disinfecting apparatus. There is a hospital for contagious diseases, which consists of three small cottages generously donated to the town by a deceased physician, who devoted the latter years of his life to promoting the interests of Hygiene in the State of Colorado, and in the city of Denver in particular. It was he who inaugurated the present sanitary organization which leaves but little to be desired.

VISIT TO THE WATER-WORKS. On the invitation of the Local Organization Committee we visited the two sources of Denver's water-supply and the filters by which it is purified. Denver's water supply is obtained partly from one of the branches of the Plate River, 22 miles away, in the Rocky Mountains, and partly from a lake nearer the city.

The water from the Plate River, slightly charged with sand, especially in summer, is brought by two wooden conduits to a filtering station ten miles from the city. In summer, before the water is directed towards the filters, it undergoes a process of decantation. This is effected in a large basin containing a number of funnels (through which the water issues), whose openings are very near the upper level of the reservoir so as to allow only the surface water to pass through.

After this decantation, the water comes to the filters, which consist of huge hogsheads filled with pulverized quartz or silicious sand (a sample of which we produce) to a depth of about three and a half feet. The water passes through the filter from top to bottom, when it is to be distributed in the city and from bottom to top when the filters have to be cleaned, which is done as required, once in forty-eight hours. We would have liked to have given you an appreciation of this system of filtration, but as the results were not checked by bacteriological and chemical analyses of the water before and after being filtered, we are compelled to relinquish the idea.

After this filtering, which has sometimes to be suspended in winter, the water flows again through the wooden conduits to the city, but in the city itself it is distributed by means of cast-iron pipes. The water reaches Denver by gravitation. The filtering station is still 200 feet above the city's level.

We are pleased to testify to the success obtained by the Local Organization Committee of the Congress. We have but to mention the fact that the Chairman of the Committee was Dr. Sewall, whom many of you met last year in Montreal, to convince you that nothing was spared to make our stay in Denver a most pleasant one. May we be permitted to add that numerous excursions and receptions, gracefully presided over by the ladies of Denver, showed us that the climate of that city is not its sole attraction.

In conclusion, Gentlemen, we must admit that we returned with the conviction that the study of the means of protecting water courses was far from being concluded, and that it still leaves much to be desired on essential points The discussions which took place during the Convention showed that a great diversity of opinion exists amongst sanitarians as to the degree of pollution to be prevented, and that there is a still greater diversity as to the practical means to be taken for the protection or purification of rivers. This question is certainly the most difficult one which hygiene has to solve, and as it has already presented some difficulties in this Province, we think that the Board should not delay in ascertaining, in the first place, whether sewage farms are possible with our winter seasons, and then, whether the filters which have been extolled up to now for the purifying of drinking water are really as effective as they are said to be.

Finally, we call your attention to the suggestion made by one of the lecturers at the Congress, with reference to the establishment by the Washington Government of a Laboratory of Hygiene in each State of the American Union. Would it not be advisable to endeavor to obtain from our Canadian Federal Government an arrangement, by which it would share between our laboratory and those it already possesses at Montreal and Quebec the analyses which it orders to be made in various parts of the Province, of water, articles of food, etc. Without increasing its expenditure, the Federal Government would greatly contribute to the development of our bacteriological and chemical laboratories.

E. P. LACHAPELLE, L. CATELLIER, ELZÉAR PELLETIER,

Delegates of the Board.

MONTREAL, November, 1895.

# ANNEX H.

REPORT ON THE "CONFERENCE OF STATE AND PROVINCIAL. BOARDS OF HEALTH," HELD AT CHICAGO ON THE 10TH. 11TH AND 12TH JUNE, 1896.

TO THE MEMBERS OF THE BOARD OF HEALTH OF THE PROVINCE OF QUEBEC. GENTLEMEN,

In accordance with your authorization, I had the honor of representing the Board of Health of the Province of Quebec at this Conference, at which the following Boards of Health were also represented, viz.: those of Alabama, California, Colorado, Connecticut, Illinois, Indiana, Iowa, Maryland, Michigan, Minnesota, Missouri, New Jersey, North Carolina, South Carolina, Ontario, Pennsylvania, Rhode Island and Wisconsin.

His Excellency Governor Altgeld of Illinois and Mayor Swift of Chicago were present at the opening of the first meeting, and gave a hearty welcome to the Members of the Conference. Mayor Swift of

I do not intend to give an extended report of the work which occupied our attention, as the proceedings of the Conference will be printed and distributed to all the Members. I will therefore content myself with enumerating the most important questions submitted and discussed.

A most elaborate report, submitted by Dr. Swarts on behalf of the Committee on Vaccine Institutes, gave the Conference an opportunity of ascertaining the present state of these institutes in the United States, and gave rise also to a lengthy discussion on the reforms to be effected and on the best methods to be adopted in order that the products of these establishments may be as efficacious as

The different States and Provinces having been called upon to report on the progress obtained by each of them in sanitary work, the Conference was pleased to find that energetic efforts are being made everywhere to remove the causes of insalubrity, to combat contagious diseases, and to cause the laws of hygiene

to be known and observed.

The question as to the best means to be adopted to obtain the vital statistics of each State or Province was submitted by Dr. Baker, and gave rise to a very interesting discussion, showing what is done in the various States and also

the necessity of vital statistics from a sanitary point of view.

The question of water supply was raised by Dr. Swarts in a paper intituled,

"How may Cities obtain Potable Water when Compelled to Depend upon

Rivers Polluted by Sewage for their Supply."

In the course of his work, the Doctor examined the various systems of filtration, and endeavored to show the results,—which seem very encouragingobtained up to the present by mechanical filters. A very animated discussion ensued, showing the interest taken by all the members in this serious and difficult

question.

The members of the Convention having been invited to visit the canal now being built, which, by connecting Lake Michigan with the Mississippi, will relieve Chicago from its sewage waters, a whole sitting was devoted to hearing Mr. Lyman E. Cooley, hydraulic engineer, give a full and interesting description of everything connected with that gigantic undertaking.

On the following day the members of the Conference embarked on a special train, placed at their disposal by the directors, and visited, throughout its whole extent, this canal, which will be thirty miles long and will cost \$30,000,000. They were thus enabled to see the difficulties of the undertaking

and also the importance and value of the work done.

E. P. LACHAPELLE,

Delegate of the Board.

MONTREAL, 26th June, 1896.

# ANNEX I.

# PROVINCE OF QUEBEC.

EXTRACT from the laws respecting cemeteries, indicating more especially the amendments made in 1895.

## A.—ESTABLISHMENT OR REMOVAL OF A CEMETERY.

### 19 Catholic cemeteries.

Arts. 3371 and 3372 (abridged). Whenever it is required to establish a cemetery or change the site of a cemetery, on a petition of freeholders interested in the matter presented to the bishop, or, in his absence, to the administrator of the diocese, the ecclesiastical authorities or their delegates, after having given ten days' notice, finally determine the location or change of site of the cemetery, as the case may be.

3372a. Whenever it is required to establish a cemetery or change the site of a cemetery in a parish or mission, the petition of the freehold inhabitants or of the fabrique, trustees or administrators of the parish or mission, as the case may be, to the bishop or administrator of the diocese, must propose one or more lots of land recommended by the Board of Health of the Province of Quebec.

- 3372b. If, within the thirty days following the reading from the pulpit in the parish church, on a Sunday or holiday;
- (a) Of a notice that the existing cemetery in a parish or mission has been condemned by the superior ecclesiastical or diocesan authority, as dangerous to public health, on the report of the Board of Health of the Province of Quebec; or
- (b) Of a letter from the bishop or administrator of the diocese, ordering the establishment of a cemetery in a parish or mission which has none.

If the majority of the freehold inhabitants of such parish or mission neglect to present to the Roman Catholic bishop, or, in case of the absence of the bishop or vacancy in the office, to the administrator of the diocese, a petition praying for the establishment of a new cemetery in such parish or mission, in conformity with Article 3371, and proposing one or more lots of ground recommended by the Board of Health of the Province of Quebec, it is lawful for the said Board

to request the bishop or administrator of the diocese to establish a new cemetery in such parish or mission on a lot of land indicated by it.

If such lot is approved by the bishop, or if in the above case the bishop or administrator of the diocese, of his own accord, selects a lot of ground approved by the Board of Health, as the site of the cemetery of the parish or mission, it is the duty of the fabrique, which may be compelled thereto by mandamus, at the instance of any freehold inhabitant of the parish or mission, to acquire the said lot within the delay fixed by the bishop or administrator of the diocese, and to apply to the commissioners, so that they may authorize the church-wardens to levy upon the Catholic freeholders of the parish or mission the sum required for the payment of the said lot of land and the establishment of the said new cemetery, and the church wardens shall, for that purpose, follow out all the prescriptions of Article 3408.

If the parish or mission has no *fabrique*, the provisions of this article, with reference to the *fabrique* and church-wardens, apply with the same effect to the trustees or other administrators of such parish or mission.

# 2º Non-Catholic cemeteries.

5253. The Lieutenant-Governor may, at any time, by order in council, confirm any deed of sale or grant, executed as hereinafter set forth, of any one piece of land not exceeding twenty-five arpents in extent, to or in favor of any persons not less than five in number therein named, not being trustees for a religious congregation or society, or Roman Catholics, or already by law incorporated, to be held and used as a cemetery forever.

5255. The persons applying for such order in council must show, to the satisfaction of the Lieutenant-Governor in Council, that at least two months' sufficient notice in French and English, of their intention to apply therefor, has been given in the Quebec Official Gazette, and in some newspaper or newspapers published in, or as near as may be to, the district wherein the land is situate, that such deed has been bonâ fide executed by the person lawfully proprietor and in possession of the land, that there is no known or apparent adverse claim to or on the land, and that the using of the same as a cemetery in the terms of the deed in question, under this section, has been approved by the Board of Health of the Province of Quebec, and is not objectionable on any public ground.

5260. Whenever, on application of any such company (Cemetery Company), after two months' notice first duly given in French and English in the Quebec Official Gasette, and in one or more newspapers published in or as near as may be to the district wherein its cemetery is situate, it shall be made to appear to the satisfaction of the Lieutenant Governor in Council that an exchange of other land therefor, or for any part thereof, is on any public ground desirable, and that the land proposed for such exchange has been approved by the Board of Health of the Province of Quebec, the Lieutenant-Governor in Council may authorize such exchange, subject to the provisions of Articles 3475, 3476 and 3477, whether as to removal of bodies interred or otherwise.

The company may thereupon make the exchange so authorized, and do all other acts thereto requisite or pertinent, whether for the removal of bodies interred or otherwise, subject always to such conditions and restrictions, and to all charges and liabilities thence resulting.

5263a. No non-Catholic cemetery, whoever may be the proprietor, administrator or manager thereof, can be established unless the site thereof has been approved by the Board of Health of the Province of Quebec.

5263b. Whenever a non-Catholic cemetery, whoever may be the proprietor, administrator or manager thereof, has been condemned by the Board of Health of the Province of Quebec, as dangerous to public health, the proprietors and administrators of such cemetery shall, within six months after having been notified of such condemnation, replace such cemetery by another cemetery, the site whereof has been approved by the Board of Health of the Province of Quebec, and after the expiration of such delay, no interment can take place in such condemned cemetery, and the removal of the bodies from the old cemetery to the new one, if effected, must be so effected in accordance with the provisions of Articles 3475, 3476 and 3477.

5263c. Whosoever infringes or is accessory to any infringement of the provisions of the two preceding Articles, is liable:

- . 1º To a fine not exceeding three hundred dollars, which may be recovered, with costs, by suit before the Superior Court of the district, and an appeal from the judgment of that Court shall lie to the Superior Court sitting in Review, whose judgment shall be final;
- 2° To an additional fine of twenty-five dollars per day for every day such infringement shall continue, which fine may be recovered with costs by suit before the court of competent jurisdiction of the district, and an appeal from the judgment of the Superior Court shall lie to the Superior Court sitting in Review, whose judgment shall be final.

5263d. The suit may be brought:

1° By the Board of Health of the Province of Quebec; or 2° By the Municipal Council of the locality.

The fine shall, in all cases, belong to the Crown.

B .- Rules Concerning Interments and Disinterments.

(Chapter IV of Title IX of the Revised Statutes.)

3458. The words "Board of Health," employed in this chapter, mean "The Board of Health of the Province of Quebec."

(Section 1 .- Interments.)

3459. No interment shall be proceeded with before the officer appointed for the registration of civil status has been handed a certificate establishing the cause of death, as provided by Article 3059e.

An act of burial must be prepared, by the person charged with the same, in conformity with the provisions of the title of acts of civil status of the Civil Code

- 3460. No interment shall be made elsewhere than in a cemetery lawfully established, save in the cases which are otherwise provided for by law.
- 3461. The body of no person shall be interred or embalmed before the expiration of twenty-four hours, at least, counting from the death.

This article shall not affect the regulations made for that purpose by the Board of Health, under chapter third of title seventh of these Revised Statutes, and by municipal corporations under their charter.

- 3462. The Roman Catholic ecclesiastical authority shall alone have the right to designate the place in the cemetery in which individuals of such faith shall be buried; and if the deceased, according to the Canon rules and laws, in the judgment of the Ordinary, cannot be interred in ground consecrated by the liturgical prayers of such religion, he shall receive civil burial in ground reserved for that purpose and adjacent to the cemetery.
- 3463. In cases where it is not otherwise provided, the coffin is deposited in a grave, and covered with at least three feet of earth; but the Board of Health may, in special cases, dispense with the application of this article.
- 3464. No interment shall take place in a church or chapel in use for religious purposes, without a special authorization granted by the superior ecclesiastical or diocesan authority. (†)

In cases in which such permission is granted, the body must be placed in a coffin containing at least five pounds of chloride of lime, or quick-lime, and such coffin must be placed in a grave, and covered with at least four feet of earth, or enclosed in masonry of at least eighteen inches in thickness if in stone or at least twenty inches in thickness if in brick; both brick and stone being well covered with cement.

This article shall not affect the powers granted to municipal corporations by their charter.

3465. In addition to what is or what may be prescribed by the regulations of the Board of Health respecting the bodies of persons dying of contagious diseases, the body of no person who has died of Asiatic cholera, typhus, smallpox, diphtheria, scarlet fever, scarlatina, typhoid fever or glanders can be intered in a church or chapel, nor deposited in a public vault.

The body of any person dying of any of the diseases enumerated in this article must be transferred directly from the place of death to the cemetery.

3466. The local ecclesiastical or diocesan authority may, at any time, prohibit the entry of bodies into churches under their control, whenever it deems that the entry of bodies into the church may be prejudicial to the public health.

^(†) The Board of Health of the Province of Quebec discourages such disposal of dead bodies as being unsanitary.

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- 3467. Public vaults shall not be built elsewhere than in cemeteries.
- 3468. No body can be deposited in a public vault before the first of November, and all the bodies that are deposited therein must be interred before the first of May.
- 3469. Interments in special or private vaults can only be made in the following manner:
- (a) By depositing the coffin in a grave, and covering it with three feet of earth; or
- (b) By enclosing the coffin in masonry at least twelve inches thick, if it is in stone, and at least eighteen inches thick, if it is in brick, both brick and stone being well covered with mortar; or
- (c) By surrounding the coffin on all sides with a layer of cement of four inches in thickness. For that purpose a casing must be built, so that the inside measurements of the case will be eight inches larger in length, width and height than the coffin to be enclosed therein, the walls of the case to be in baked brick, cemented, and to be four inches in thickness. The bottom of the cases in the lower range is made in cemented brick or concrete. The lower cases serve as the bottom for the upper cases. The coffin is deposited in the case so built on four stone blocks of four inches in height, so as to have a free space of four inches on all faces, and such space is filled in with cement up to the height of the walls in brick.
- 3470. No coffin shall be opened from the time of the registration of the death until the interment, unless for the purposes of justice, or unless permission has been given by the local ecclesiastical authorities or by the mayor, or, in his absence, by a justice of the peace of the place, upon an affidavit showing the necessity for so doing.

If it is a body of a person who has died of any of the diseases mentioned in Article 3465, the coffin shall be opened only for the purposes of justice and by taking the precautions prescribed by the Board of Health.

347 I. The superior ecclesiastical or diocesan authority may, whenever deemed desirable in the interests of decency or of the public health, prohibit interments in the cemeteries, churches or chapels under its control.

The infringement of this prohibition renders any person taking part in such interment liable to the fine imposed by Article 3479.

### (Section II.—Disinterments.)

- 3472. In this section the word "church-wardens" comprises every officer of a church or congregation having the management of any cemetery, by whatever name he may be known.
- 3473. On a petition, accompanied by affidavits attesting the truth thereof, being presented to any judge of the Superior Court, in term or in vacation, by any person praying for leave to disinter one or more bodies interred in any church,

chapel or cemetery, with a view to the erection, repair or sale of a church, chapel or cemetery, or with a view to the re-interment of such body or bodies in another part of the same church, chapel or cemetery, or in another cemetery, with a view to the reconstruction or repair of the tomb or coffin in which a body has already been interred, and indicating, in the case of a proposed removal of any body or bodies, the part of the same church or chapel or cemetery, in which it is proposed to deposit such body or bodies, the judge may order or permit that the body or bodies be disinterred as prayed for.

The order granting the petition, sealed with the seal of the Superior Court, and signed by the prothonotary, shall, for the person in possession or having the charge or custody of such church, chapel or cemetery, be sufficient authority to allow the proposed disinterment.

Before obtaining the order or permission of the judge to proceed to any such disinterment in any Roman Catholic church, chapel or cemetery, under this article, the petitioner must show that he has obtained permission from the superior ecclesiastical authority of the diocese in which it is situated.

In the case of the disinterment of the body of any person who has died of any of the diseases mentioned in Article 3465, the petitioner must show that permission has been granted by the Board of Health, and the judge shall allow the disinterment only subject to the precautions prescribed by the said Board for the protection of public health.

It is forbidden to proceed to any disinterment in any church, chapel or cemetery without the permission of a judge obtained as aforesaid.

- 3474. Whenever, in any parish or mission, it is determined by the competent religious authority to remove an old cemetery or to open a new one, any judge of the Superior Court, in term or in vacation, upon petition to him presented by the parish or missionary, and by the majority of the church-wardens of the church or congregation to which such old cemetery belongs or to whose use it is applied, may grant them permission to cause all or any of the bodies buried in such old cemetery to be removed to such new cemetery.
- 3475. The parish priest, minister, missionary or church-wardens of such parish or mission, as the case may be, shall cause a register to be kept of all bodies removed from such old cemetery, showing, as far as may be, the names and surnames of the persons whose bodies have been so removed, as well as the names and surnames of those who applied for such removal, or shewing that they were removed by order of such priest, minister or missionary, and of the church-wardens of such church or congregation.
- 3476. The register is certified by the priest, minister or missionary of the church or congregation to which such old cemetery belongs.
- 3477. No disinterment of more than one body at a time is allowed between the 1st of June and 1st of September in any year.

(Section III.—Penalties and General Provisions.)

3478. Any person committing any infraction or contributing to the commission of any infraction of the provisions of Articles 3460, 3461, 3462, 3463, 3464, 3465, 3466, 3467, 3468, 3469, 3470, 3471, 3473 and 3477, shall incur a fine not exceeding three hundred dollars, which may be recovered, with costs, by action brought before the Superior Court of the district, and from the judgment of such Court there shall be an appeal to the Superior Court sitting in Review, the judgment whereof shall be final.

Every infringement of Articles 3463, 3467, 3468, 3469 and 3471 shall further entail an additional fine, which may be recovered in the same manner, not exceeding twenty-five dollars, for every day that such infringement shall last.

3479. The suit may be brought:

By the Board of Health of the Province of Quebec;

2° By the municipal council of the locality; or

3° By the fabrique of the parish or mission.

The fine shall, in all cases, belong to the Crown.

3480. In the case of churches or cemeteries not belonging to Roman Catholics, the expression "superior ecclesiastical or diocesan authority," or "the local ecclesiastical or diocesan authority," or "the superior ecclesiastical authority," or "the competent religious authority" in Articles 3464, 3466, 3471, 3473, and 3474 mean the authorities, officers, trustees, administrators, managers or cemetery companies having, by law or custom, the administration of such churches or cemeteries, and the said Articles shall be interpreted as if they had been made for the case of such churches and cemeteries.

3481. This chapter shall not apply to the measures prescribed by judicial authority or officers of justice, either as regards interments or disinterments, when it is necessary to secure or promote the ends of justice.





# ANNEX J.

(THESE TABLES WERE INADVERTENTLY OMITTED WHEN THE PREVIOUS REPORT WAS PRINTED).

# DEATHS

In the Cities of St. Henri and Ste. Cunégonde

- DURING -

THE YEAR 1894.

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- Annex A.—Summary of the vital statistics for the year 1895.
- Annex B.—Deaths during the year 1895, divided by counties, causes of death, ages, sexes, nationalities and months.
- Annex C.—Deaths, during the year 1895, in cities having a population of over 5,000 inhabitants, divided by causes of death, ages, sexes, nationalities, and months.
- Annex D.—Deaths from contagious diseases and from diarrhoeal diseases during the year 1895.
- Annex E.—Table indicating: a) number of deaths due to unknown diseases; b) number of deaths 10 among children less than 1 year old, 20 among children between 1 and 5 years old, 30 among persons over 70 years old; c) number of still-born, at term; d) number of deaths due to premature birth; e) number of children having lived less than 24 hours.
- Annex F.—Statistics of births, marriages and deaths for the years 1893, 1894 and 1895 distributed by municipalities,
- Annex G.—Report on the meeting of the American Public Health Association, held at Denver, in October 1895.
- Annex H.—Report on the "Conference of State and Provincial Boards of Health," held a: Chicago, in June 1896.
- Annex I.— Extracts from the laws respecting cemeteries, interments and disinterments.
- Annex J.—(Omission of the Report of 1895): Deaths in the cities of St. Henri and Ste. Cunegonde during the year 1894.

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# Amendements faits aux Règlements du Conseil d'H jusqu'à ce ler Décembre 1896.

1º Amendements publiés dans la Gazette Off de Québec du 17 Novembre 1894 :

Les deux règlements suivants sont ajoutés:

36a. Aucune corporation municipale ne peut étal laisser établir un aqueduc ou autre prise d'eau d'alntion avant d'avoir préalablement soumis les plans aqueduc ou autre prise d'eau au Conseil d'Hygiène Province de Québec et avoir obtenu son approbation. la pénalité de vingt dollars qui est attachée à l'infr de ce règlement, tous travaux faits sans cette appropréalable seront sujets à être modifiés ou démolis si le seil d'Hygiène croit que l'eau fournie est nuisible à la publique.

56a. Aucune corporation municipale ne peut procé laisser procéder à l'exécution de travaux de drainage pour pour but de déverser des eaux usées ou toute aut tière d'égout dans un cours d'eau, rivière, lac ou autre s avant d'avoir préalablement soumis les plans du dit dra au Conseil d'Hygiène de la Province de Québec et d obtenu son approbation. Outre la pénalite de vingt d qui est attachée à l'infraction de ce règlement, tous in faits sans cette approbation préalable seront sujets modifiés ou entièrement démolis si le Conseil d'Hy est d'opinion qu'ils peuvent être nuisibles à la santé pub

# 2º Amendements publiés dans la Gasette Offide Québec du 7 Novembre 1896 :

L'article 16 est modifié comme ci-dessous : 16. Lorsque la variole, le choléra asiatique, le ty la diphtérie, le croup, la fièvre scarlatine, la fièvre typ ou la rougeole existe dans la maison d'un laitier ou commerçant de lait, ce laitier ou autre commerçant s

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ne peut continuer la vente ou la distribution du le ses vaches qu'après que le conseil municipal ou le d'hygiène de la localité où il réside a preposé, aux fra

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d'hygiène de la localité où il réside a preposé, aux frai laitier, ou autre commerçant de lait, une personne à l veillance de sa vacherie et de sa laiterie.

Cette personne doit voir à ce que ceux qui sont c de l'entretien des vaches, de la traite du lait, de la pulation des vaisseaux destinés à le contenir, de la ve de la distribution du lait, n'aient aucun accès dans la r infectée, ni eux, ni le lait, ni les vaisseaux, et n'aient a communication, soit directe, soit indirecte, avec le sonnes qui demeurent dans cette maison.

communication, soit directe, soit indirecte, avec le sonnes qui demeurent dans cette maison.

Cette surveillance doit être maintenue pendant temps que dure la maladie, et jusqu'à ce que le méde la famille ait déclaré, par certificat, la maladie termi c'est un cas de fièvre typhoide ou de rougeole, et ji ce que le conseil m'unicipal ou son bureau d'hygiè donné un certificat de désinfection, si c'est un cas de v de choléra asiatione de diphtérie de croup on de de choléra asiatique, de diphtérie, de croup ou de scarlatine.

L'article 28 est remplacé par deux nouveaux article L'article 28 est remplacé par deux nouveaux article 28. Le cadavre d'aucune personne morte de vi de choléra asiatique ou de typhus ne peut être tran d'une municipalité dans une autre, sans une perm spéciale du président ou du secrétaire du conseil d'hy de la province de Québec. Si le président ou le secre suivant le cas, trouve qu'il a lieu de permettre le tran il prescrira les mesures à prendre avant et pend transport. Quiconque viole ou enfreint les dispositio cet article devient passible d'une amende de vingt doll 28a. Le cadavre d'aucune personne morte de dip de croup, de fièvre scarlatine ou de fièvre typhoïde n

de croup, de fièvre scarlatine ou de fièvre typhoide n être transporté d'une municipalité dans une autre que conditions suivantes sont remplies :

(a) Le cadavre sera désinfecté tel que prescrit à l' 27 des présents règlements; (b) Le cadavre sera enfermé dans un cercueil en solide, hermétiquement fermé, ou encore dans un es ou boîte solide en bois, qui sera doublé en métal et i tiquement fermé;

cemeteries, interments and disinterments. Deaths in the cities of St. Henri and Ste.

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# Extract from the Statutes of the Province

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sent diseases enumerated in this article must be transt du ferred directly from the place of death to the cemetery." (Penalty of \$300,00.) cemeteries, interments and disinterments.
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